Bureau of Health Maine Department of Health and Human Services



Office of Public Health Emergency Preparedness

Survey Findings: Assessment of Regional Health System Capacity for Public Health Emergency Response

Final Report

January 2005

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I. Introduction

The Office of Public Health Emergency Preparedness (OPHEP) contracted with the Maine trauma centers to create three Regional Resource Centers for Public Health Emergency Preparedness. The core purpose of the Regional Resource Centers is to develop comprehensive, coordinated plans for health systems response within their regions to bioterrorism and other public health emergencies. The assessment process comprised of a standardized web-based survey tool provided by OPHEP to identify regional health system needs and planning gaps related to:

- Hospital bed capacity for both adults and children (routine and critical care)
- Capacity for isolation and referral of patients with communicable infections
- Appropriate staffing to manage the short-or long-term surge of patients
- Appropriate staffing needed for functions related to the Strategic National Stockpile and the Maine Pharmaceutical Cache
- Decontamination and personal protective equipment
- Capacity for trauma and burn care
- Capacity for behavioral health and substance abuse care
- Redundant communications infrastructure (radio network)

Population almost equally divides the three Regional Resource Centers (Central – 344,718; Eastern – 438,761; Southern - 493,499). However, each region varies geographically. In addition, the Southern and Central Regional Resource Centers have eleven and nine hospitals respectively, compared to twenty-one hospitals in the Eastern Regional Resource Center. The boundaries of the Emergency Medical Services Hospital Service Areas determined the Regional Resource Center borders. The three Regional Resource Center regions are displayed in the following map:

Figure 1. Map of Regional Resource Centers, Maine, 2004



In February of 2004, members of the Statewide Regional Resource Center Coordinating Committee formed a subcommittee to develop a standardized web-based survey instrument. Survey subcommittee members comprised of the following agencies: OPHEP, Maine Emergency Management Agency, Emergency Medical Services (EMS), Behavioral and Developmental Services and the three Regional Resource Centers.

OPHEP contracted Science Applications International Corporation to host the web-based survey because they already possessed a large warehouse of health systems questions. The survey subcommittee initially selected 400 survey questions. The committee eventually selected a total of 308 questions. The following health organizations were represented in the survey:

- Ambulatory Care/Rural Health Centers (AC)
- Ambulatory Surgical Centers (ASC)
- College Health Centers (COL)
- Community Mental Health Agencies (CMHA)
- Emergency Medical Services (EMS)
- Federally Qualified Health Centers (FQHC)
- Home Health Agencies (HHA)
- Hospitals (HOS)
- Long Term Care Centers (LTC)
- Morticians (MOR)
- Psychiatric Hospitals (PH)
- Retail Pharmacies (RP)
- School Nurses (SCH RN)
- Substance Abuse Treatment Agencies (SATA)
- Veterinarians (VET)

School Superintendents and Principals were asked school emergency questions supplied by the Maine Department of Education. Responses were provided to the Maine Department of Education and are not presented in this report.

Questions were sorted by agencies and specified roles within agencies. The Statewide Regional Resource Centers Coordinating Committee reviewed sample surveys. Revised question were loaded on the website and volunteers from various health agencies were identified and asked to pilot the survey. The volunteers tested the systems overall functionality and provided text edits to clarify questions.

In May, an invitation to participate in the **Survey for Regional Health System Emergency Response Planning** was sent to 1,521 health agencies in Maine. The mailing, from Bureau of Health Director Dr. Dora Anne Mills, included a registration form with instructions to return by FAX. The registration process included agency contact information and electronic or paper survey preferences. Electronic survey participants were provided user names and passwords. Paper survey participants received FAXED surveys to complete. The website was activated on June 14, 2004. The database tracked registrants and in-progress or completed surveys. OPHEP staff entered paper survey responses manually. The total number of health agencies originally identified is shown in the following table:

Table i. Total Numbers Asked to Participate, Maine, 2004

Number of Agencies Asked to Participate	Total Numbers	Central Region	Eastern Region	Southern Region
Total Numbers asked to participate	1,521	357	610	554
Ambulatory Care/Rural Health Centers	307	59	105	143
Ambulatory Surgical Centers	18	4	5	9
College Health Centers	16	5	6	5
Community Mental Health Agencies	154	44	51	59
EMS	263	59	124	80
Federally Qualified Health Center	27	9	15	3
Home Health Agencies	29	5	15	9
Hospitals	37	8	19	10
Long Term Care Centers	112	26	51	35
Morticians	88	23	37	28
Psychiatric Hospitals	4	1	2	1
Retail Pharmacies	251	60	99	92
School Nurses*	-	-	-	-
Substance Abuse Treatment Agency	111	27	48	36
Veterinarians	104	27	33	44

^{*}Responses were provided to the Maine Department of Education and are not presented in this report.

A small number of agencies either declined to participate or were no longer in business and were deleted from the database. Agencies identified as part of a larger organization were omitted, as the central office would capture responses. A total of 300 initially identified agencies were deleted from the system. The following table represents the total number of health agencies asked to participate in the survey:

Table ii. Final Count of Agencies, Maine, 2004

Final Count of Agencies	Total Numbers	Central Region	Eastern Region	Southern Region
Total	1,321	297	545	479
Ambulatory Care/Rural Health Centers	285	51	101	133
Ambulatory Surgical Centers	18	4	5	9
College Health Centers	15	5	5	5
Community Mental Health Agencies	150	44	50	56
EMS	258	57	123	78
Federally Qualified Health Center	19	4	12	3
Home Health Agencies	31	5	15	11
Hospitals	37	8	19	10
Long Term Care Centers	114	26	54	34
Morticians	86	22	36	28
Psychiatric Hospitals	4	1	2	1
Retail Pharmacies	108	23	47	38
School Nurses*	-			
Substance Abuse Treatment Agency	99	21	45	33
Veterinarians	97	26	31	40

^{*}Responses were provided to the Maine Department of Education and are not presented in this report.

The survey officially closed on July 15, 2004, however surveys were accepted through August 31, 2004. The total number of surveys received is as follows:

Table iii. Number of Agency Surveys Received, Maine, 2004

Number Agency Surveys Received	Total Numbers	Central Region	Eastern Region	Southern Region
Number Agency Surveys Received	398	104	165	129
Ambulatory Care/Rural Health Centers	81	20	34	27
Ambulatory Surgical Centers	6	1	0	5
College Health Centers	5	1	0	4
Community Mental Health Agencies	24	8	8	8
EMS	73	20	32	21
Federally Qualified Health Center	11	3	7	1
Home Health Agencies	12	2	6	4
Hospitals	36	8	19	9
Long Term Care Centers	53	16	23	14
Morticians	21	5	12	4
Psychiatric Hospitals	3	1	1	1
Retail Pharmacies	8	1	1	6
School Nurses	19	6	8	5
Substance Abuse Treatment Agency	11	3	4	4
Veterinarians	35	9	10	16

The following table represents the agency response rate. Agency participation rates ranged from 7% to 100%.

Table iv. Response Rate, Maine, 2004

Response Rate	Total Response Rate	Central RRC Response Rate	Eastern RRC Response Rate	Southern RRC Response Rate
Agency Responses Rate	30.1	35.0	30.3	26.9
Ambulatory Care/Rural Health Centers	28.4	39.2	33.7	20.3
Ambulatory Surgical Centers	33.3	25.0	0.0	55.6
College Health Centers	33.3	20.0	0.0	80.0
Community Mental Health Agencies	16.0	18.2	16.0	14.3
EMS	28.3	35.1	26.0	26.9
Federally Qualified Health Center	57.9	75.0	58.3	33.3
Home Health Agencies	38.7	40.0	40.0	36.4
Hospitals	100.0	100.0	100.0	100.0
Long Term Care Centers	46.5	61.5	42.6	41.2
Morticians	24.4	22.7	33.3	14.3
Psychiatric Hospitals	75.0	100.0	50.0	100.0
Retail Pharmacies	7.4	4.3	2.1	15.8
School Nurses*	-	-	-	_
Substance Abuse Treatment Agency	12.1	14.3	8.9	15.2
Veterinarians	36.1	34.6	32.3	40.0

^{*}Responses were provided to the Maine Department of Education and are not presented in this report.

The following table represents the paper and electronic survey participation both by raw number and percentage. Nearly two-thirds of those agencies participating in the survey submitted a paper survey while just over one-third opted to do the survey on-line.

Table v. Paper vs. On-line, Maine, 2004

Paper vs. On-Line	Total Numbers	Paper Surveys	% Paper	On-Line Surveys	% On-line
Number Agency Surveys Received	398	258	65%	140	35%
Ambulatory Care/Rural Health Centers/College Health Centers/FQHC	97	73	75%	24	25%
Ambulatory Surgical Centers	6	4	67%	2	33%
Community Mental Health Agencies	24	16	67%	8	33%
EMS	73	41	56%	32	44%
Home Health Agencies	12	7	58%	5	42%
Hospitals	36	18	50%	18	50%
Long Term Care Center	53	40	75%	13	25%
Mortician	21	11	52%	10	48%
Psychiatric Facilities	3	2	67%	1	33%
Retail Pharmacies	8	4	50%	4	50%
School Nurses	18	2	11%	16	89%
Substance Abuse Treatment Agency	12	7	58%	5	42%
Veterinarians	35	33	94%	2	6%

Survey data captured in the following 93 tables is displayed by agency groups both statewide and by Regional Resource Center regions. Responding agencies are noted below the tables. Certain questions allowed text responses and are included in the tables. The tables reflect the data received from June 14th through August 31, 2004. Not all questions were answered by the agencies, resulting in incomplete data in some areas. Incomplete data is noted with dashes. NorDx Laboratories, providing services for health care facilities in Maine, participated in the survey as well, filling out the survey for Hospitals. NorDx's data is included when applicable and noted when included in the tables.

II. Hospital Surge Capacity

Hospital personnel and bed surge capacity data are reflected in Tables 1-12. Full-time staffing by agency role and specialty bed availability is provided. Also, a measure of surge by number of days an agency could sustain before exceeding their resources and the existence of Mutual Aid Agreements.

Table 1. Full-time Equivalent Staff, Maine, 2004

What is the number of full-time equivalents (FTEs) for regular staff for the following?

FTE Regular Staff	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	307	78	125	104
Registered Nurses	6,676	1,484	2,696	2,496
Paramedics	141	58	82	1
CNAs/Medical Technicians	3,637	1,099	1,274	1,264
Medical Staff	3,107	373	963	1,771
Licensed Pharmacists	191	25	66	100
Medical Imaging Staff	816	230	309	277
Licensed Morticians	41	7	23	11
Licensed Veterinarians	95	25	23	47
Pharmacy Technicians	32	2	4	26
Veterinarian Technicians	110	28	26	56
Licensed Mental Health Staff	451	223	117	111
Laboratory Staff	1,413	249	495	669
Other Employees	57	15	34	8

Question L102

Total of 307 agency responses (excluding EMS and School Nurses). *Includes data from NorDx Laboratories.

Table 2. Total Number of Beds, Maine, 2004

What is the total number of the following for your institution?

Total Number of Beds	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	189	49	84	56
Average Daily Census	5,884	2,004	1,980	1,900
Licensed Beds	7,960	2,746	2,728	2,486
Staffed Beds	6,737	2,474	2,161	2,102
Trauma Beds	61	19	35	7
Emergency Room Beds	260	69	126	65
Emergency Room Stretchers	327	106	149	72
Operating Rooms	139	34	56	49
Pre-op Beds	256	63	126	67
Recovery Beds	175	37	69	69

Question L111

Total of 189 agency surveys asked of Ambulatory Centers/Rural Health Centers, College Health Centers, Federally Qualified Health Centers, Hospitals, Long Term Care Centers and Psychiatric Hospitals.

Table 3. Adult Critical Care, Maine, 2004

What is the total number of the following for your institution?

Adult Critical Care	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	39	9	20	10
Licensed ACC Beds	115	20	69	26
Staffed ACC Beds	246	68	93	85
Average Daily ACC Beds	256	57	129	70
HEPA filtered negative pressure beds/rooms	33	13	4	16
Other negative pressure beds/rooms	16	1	7	8

Question L112

Total 39 agency surveys asked of Hospitals and Psychiatric Hospitals.

Table 4. Pediatric Critical Care, Maine, 2004

What is the total number of the following for your institution?

Pediatric Critical Care	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	39	9	20	10
Licensed PCC Beds	50	17	8	25
Staffed PCC Beds	42	15	6	21
Average Daily PCC Beds	55	1	3	51
HEPA filtered negative pressure beds/rooms	8	1	2	5
Other negative pressure beds/rooms	5	0	0	5

Question L113

Total of 39 agency surveys asked of Hospitals and Psychiatric Hospitals.

Table 5. Adult Medical Surgical Care, Maine, 2004

What is the total number of the following for your institution?

Adult Medical Surgical Care	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	39	9	20	10
Licensed AMS Beds	1,728	401	666	661
Staffed AMS Beds	1,408	350	571	487
Average Daily AMS Beds	989	166	391	432
HEPA filtered negative pressure beds/rooms	30	10	13	7
Other negative pressure beds/rooms	21	3	8	10

Question L114

Total of 39 agency surveys asked of Hospitals and Psychiatric Hospitals.

Table 6. Pediatric Medical Surgical, Maine, 2004

What is the total number of the following for your institution?

Pediatric Medical Surgical	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	39	9	20	10
Licensed PMS Beds	190	68	62	60
Staffed PMS Beds	123	31	49	43
Average Daily PMS Beds	57	6	13	38
HEPA filtered negative pressure beds/rooms	10	4	3	3
Other negative pressure beds/rooms	9	0	3	6

Question L115

Total of 39 agency surveys asked of Hospitals and Psychiatric Hospitals.

Table 7. Emergency Department, Maine, 2004What is the total number of the following for your institution?

Emergency Department	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	39	9	20	10
Licensed ED Beds	266	54	127	85
Staffed ED Beds	311	70	145	96
Average Daily ED Beds	1,393	370	501	522
HEPA filtered negative pressure beds/rooms	22	6	7	9
Other negative pressure beds/rooms	6	2	2	2

Question L116

Total of 39 agency surveys asked of Hospitals and Psychiatric Hospitals.

Table 8. Surge Capacity (10 Patient Surge), Maine, 2004

How long in days before your agency would need the additional resources following an additional patient load above average census - 10 patients.

NOTE: Numbers reflect the number of agencies that checked the answer shown at the left.

NOTE: Numbers relief the number of agencies t		Central	Eastern	Southern
10 Patient Surge Capacity	Total	Region	Region	Region
Total Agency Surveys Received	236	62	102	72
Total Agonoy Gultoyo Rossitou	Staff	02	102	, _
1 day or less	85	27	34	24
2-7 days	37	10	16	11
8-14 days	11	1	7	3
15 days or more	20	6	9	5
	Equipment			
1 day or less	88	31	29	28
2-7 days	33	4	22	7
8-14 days	4	0	3	1
15 days or more	18	4	9	5
	Supplies			
1 day or less	76	22	26	28
2-7 days	53	15	28	10
8-14 days	8	2	4	2
15 days or more	11	3	6	2
	Laundry			
1 day or less	36	8	18	10
2-7 days	26	12	10	4
8-14 days	5	0	4	1
15 days or more	11	2	6	3
	Water		1.0	
1 day or less	44	14	19	11
2-7 days	13	5	5	3
8-14 days	3	0	3	0
15 days or more	12	1	8	3
A december	Medication	4.4	40	40
1 day or less	45	14	19 15	12
2-7 days	25	6		4 0
8-14 days 15 days or more	7	0	1 4	2
	arbage disposal		4	
1 day or less	37	11	18	8
1 day or less 2-7 days	27	8	11	8
2-7 days 8-14 days	2	0	2	0
15 days or more	10	1	7	2
To days of filoto	Food	'	,	
1 day	25	7	9	9
2-7 days	40	12	20	8
8-14 days	4	1	3	0
15 days or more	8	2	4	2
Ouestion I 119		_		_

Question L119

Total of 236 agency surveys asked of Ambulatory Care/Rural Health Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers, Home Health Agencies, Hospitals, Long Term Care Centers, Psychiatric Hospitals, and Substance Abuse Treatment Agencies.

Table 9. Surge Capacity (50 Patient Surge), Maine, 2004*

How long in days before your agency would need the additional resources following an additional patient load above average census - **50 patients**.

NOTE: Numbers reflect the number of agencies that checked the answer shown at the left.

50 Patient Surge Capacity	Total	Central Region	Eastern Region	Southern Region		
Total Agency Survey Received	236	62	102	72		
	Staff					
1 day or less	91	30	34	27		
2-7 days	21	4	11	6		
8-14 days	9	2	6	1		
15 days or more	6	1	5	0		
Equ	uipment					
1 day or less	92	32	36	24		
2-7 days	19	2	11	6		
8-14 days	4	0	2	2		
15 days or more	7	2	5	0		
Supplies						
1 day or less	90	30	34	26		
2-7 days	28	6	15	7		
8-14 days	4	0	4	0		
15 days or more	2	1	1	0		

Question L120

Total of 236 agency surveys asked of Ambulatory Care/Rural Health Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers, Home Health Agencies, Hospitals, Long Term Care Centers, Psychiatric Hospitals, and Substance Abuse Treatment Agencies.

50 Patient Surge Capacity	Total	Central Region	Eastern Region	Southern Region		
Total Agency Surveys Received	92	25	43	24		
La	undry					
1 day or less	47	12	26	9		
2-7 days	14	5	5	4		
8-14 days	1	0	0	1		
15 days or more	2	0	1	1		
Water						
1 day or less	43	10	22	11		
2-7 days	8	3	4	1		
8-14 days	1	0	1	0		
15 days or more	6	1	3	2		
	lication					
1 day or less	50	15	22	13		
2-7 days	12	1	9	2		
8-14 days	0	0	0	0		
15 days or more	0	0	0	0		
	disposal					
1 day or less	38	8	21	9		
2-7 days	23	8	10	5		
8-14 days	0	0	0	0		
15 days or more	2	0	1	1		
	od					
1 day or less	38	9	19	10		
2-7 days	21	6	12	3		
8-14 days	0	0	0	0		
15 days or more	2	1	0	1		

Question L120

^{*}Data was amended after talking with St. Mary's Medical Center and Southern Maine Medical Center.

Total of 92 agency surveys asked of Hospitals, Long Term Care Centers and Psychiatric Hospitals.

Table 9a. Surge Capacity (50 Patient Surge), Hospital Staff Only, Maine, 2004*

How long in days before your agency would need the additional resources following an additional patient load above average census - **50 patients**

load above average census - 30 patients	0.1
50 Patient Surge-Hospital Staff Only	Staff
Central Region	<u> </u>
Bridgton Hospital	1
Central Maine MC	1
Franklin Memorial Hosp	0
Inland Hospital	-
MaineGeneral MC	2
Riverview Psych Hospital	0
Rumford Hospital	-
St. Mary's Regional MC	0
Stephen's Memorial Hosp	1
Eastern Region	
Bangor Mental Health Inst	-
Blue Hill Memorial Hospital	-
Calais Hospital	1
Cary Medical Center	-
CA Dean Memorial Hosp	10
Down East Community Hosp	0
Eastern Maine MC	3
Houlton Regional Hospital	0
Maine Coast Memorial Hosp	0
Mayo Regional Hospital	-
MDI Hospital	-
Millinocket Regional Hosp	1
Northern Maine MC	4
Penobscot Bay MC	1
Penobscot Valley Hospital	0
Redington-Fairview GH	2
Sebasticook Valley Hosp	0
St. Joseph Healthcare	1
The Aroostook MC	1
Waldo County GH	7
Southern Region	
H.D. Goodall Hospital	0
Maine Medical Center	0
Mercy Hospital	-
Mid Coast Hospital	-
Miles Memorial Hosp	0
Parkview Adventist MC	-
Southern Maine MC	1
Spring Harbor Hospital	- -
St. Andrews Hospital	-
York Hospital	-
TOTATIOSPILAT	

NOTE: Janet Austin contacted the following for further information: (data obtained noted in red italics)

□ Don Estabrook at St. Mary's Hospital, January 25, 2005

☐ Marc Fournier at Southern Maine Medical Center, January 20, 2005

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Table 10. Surge Capacity (100 Patient Surge), Maine, 2004

How long in days before your agency would need the additional resources following an additional patient load above average census - 100 patients

load above average census - 100 patients				
100 Patient Surge	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	92	25	43	24
	Staff			
1 day or less	55	17	25	13
2-7 days	2	0	1	1
8-14 days	0	0	0	0
15 days or more	1	0	1	0
	ipment			
1 day or less	56	17	26	13
2-7 days	1	0	0	1
8-14 days	0	0	0	0
15 days or more	3	1	1	0
	pplies			
1 day or less	52	15	26	12
2-7 days	5	1	1	2
8-14 days	0	0	1	0
15 days or more	2	1	0	0
La	undry			
1 day or less	51	15	25	12
2-7 days	5	3	1	1
8-14 days	1	0	1	0
15 days or more	3	0	1	1
	Vater			
1 day or less	45	13	21	11
2-7 days	3	1	1	1
8-14 days	1	0	1	0
15 days or more	5	0	3	1
	lication			
1 day or less	51	16	25	10
2-7 days	4	1	1	2
8-14 days	1	0	1	0
15 days or more	1	0	0	0
	e disposal			
1 day or less	49	13	27	9
2-7 days	8	4	1	2
8-14 days	0	0	0	0
15 days or more	2	0	1	1
	ood			
1 day or less	49	14	25	10
2-7 days	7	2	2	3
8-14 days	1	0	1	0
15 days or more	2	1	0	0
Ougstion I 121				

Question L121

Total of 92 agency surveys asked Hospitals, Long Term Care, and Psychiatric Hospital.

Table 11. Health Agencies Mutual Aid Agreements, Maine, 2004

Does your agency have mutual aid agreements with other health agencies to provide or receive supplemental staff during an emergency? (Please check all that apply)

Health Agencies Mutual Aid Agreements	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	138	36	53	49
Medical Staff	10	1	7	2
Nursing Staff	10	2	6	2
Nursing Assistants	4	1	3	0
Licensed Mental Health Staff	3	1	1	1

Question L123

Total of 138 agency surveys including Ambulatory Care/Rural Health Centers, Ambulatory Surgical Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers and Substance Abuse Treatment Agencies.

Table 12. Enter into Mutual Aid Agreements, Maine, 2004

If no, would you be willing to enter into such agreements?

Enter into Mutual Aid Agreements	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	138	36	53	49
Yes	27	9	9	9
No	22	6	9	7
Need more information	48	11	18	19

Question L L123.02

Total of 138 agency surveys including Ambulatory Care/Rural Health Centers, Ambulatory Surgical Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers and Substance Abuse Treatment Agencies.

~~End Hospital Surge Capacity~~

III. Early Detection Capacity

The following 15 tables measure current reporting responsibilities, procedures, coordination, infrastructure, and barriers to early detection and disease reporting.

Table 13. Routine Reporting Responsibility, Maine, 2004

Who at your agency holds primary responsibility for routine reporting of notifiable conditions/communicable diseases to the Maine Bureau of Health? (Please check only one)

Routine Reporting Responsibility	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	93	25	43	25
Nurse	31	12	14	5
Infection Control Practitioner	27	3	16	8
Lab Technician	10	5	2	3
Supervisor	3	0	0	3
Office Manager	0	0	0	0
Pharmacist	0	0	0	0
Physician	0	0	0	0
No one, we do not report	0	0	0	0
Other	10	2	7	1
Administrator	3	0	3	0
Director of Nursing	3	2	1	0
Lab reports Gonorrhea directly	1	0	0	1
Physician and Administrator	1	0	1	0
Staff Development Coordinator/Drs	1	0	1	0
We all have responsibility	1	0	1	0

Question L L138

Total of 93 surveys asked of Hospitals, Long Term Care Centers and Psychiatric Hospitals.*Includes data from NorDx Laboratories.

Table 14. Infection Control Position, Maine, 2004

Please tell us about your infection control or epidemiology position. (Please check only one)

Infection Control Position	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	92	25	43	24
None	4	1	1	2
1 person less than full time	50	14	24	12
1 person full time	17	5	9	3
More than 1 person all part time	3	1	2	0
More than 1 person all full time	3	0	1	2
More than 1 person some full & part time	2	0	1	1

Question L L139

Total of 92 agency surveys asked of Hospitals, Long Term Care Centers and Psychiatric Hospitals.

Table 15. Reporting Notifiable Conditions, Maine, 2004

How does your agency report notifiable conditions/communicable diseases to the Maine Bureau of Health? (Please check all that apply)

Reporting Notifiable Conditions	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	112	31	51	30
Telephone	90	26	43	21
FAX	41	8	21	12
Electronic	13	4	7	2
Mail	12	3	6	3
None of the above, we don't report	1	0	0	1

Question L L140

Total of 112 agency surveys asked of Hospitals, Long Term Care Centers, Psychiatric Hospitals and School Nurses. *Includes data from NorDx Laboratories.

Table 16. Frequency of Reporting Notifiable Conditions, Maine, 2004

How frequently does your agency report notifiable conditions/communicable diseases to the Maine Bureau of Health (Please check only one)?

Frequency of Reporting Notifiable Conditions	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	112	31	51	30
Daily	3	0	1	2
Weekly	3	0	2	1
Monthly	2	0	1	1
On an as needed basis	87	27	42	18
None of the above, we don't report	1	0	0	1

Question L L140.01

Total of 112 agency surveys asked of Hospitals, Long Term Care Centers, Psychiatric Hospitals and School Nurses. *Includes data from NorDx Laboratories.

Table 17. Data Reviewed for Notifiable Conditions, Maine, 2004

What data are reviewed routinely for notifiable conditions/communicable disease surveillance in your agency? (Please check all that apply)

agonoy: (1 loade ellect all that apply)				
Data Review for Notifiable Conditions	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	112	31	51	30
Laboratory data	71	18	37	16
Chart review	54	14	28	12
Admission list review	26	7	14	5
Provider/clinician report	24	5	12	7
Emergency dept. log review-manual	17	3	9	5
Absentee data	13	6	5	2
Chief complaint	10	1	5	4
Mortality review	10	1	6	3
Log of calls to Poison Center	2	0	1	1
Log of calls to RN call centers	1	0	1	0
Pharmaceutical sales	5	1	2	2
Other	3	1	1	1
Infection control reports	2	1	1	0
Integrated Surveillance System	1	0	0	1

Question L L140.02

Total of 112 agency surveys asked of Hospitals, Long Term Care Centers, Psychiatric Hospitals and School Nurses. *Includes data from NorDx Laboratories

Table 18. Technology for Routine Infectious Disease Surveillance, Maine, 2004

What technology do you have available to support routine infectious disease surveillance in your agency? (Please check all that apply)

Technology for Routine Infectious Disease Surveillance	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	93	25	43	25
Computer	66	15	33	18
FAX	56	15	24	17
High speed internet	37	8	16	13
Manual logbooks	36	13	15	8
Dial-up internet access	29	10	14	5
Electronic medical records	20	7	6	7
Records/coding search capacity	20	3	12	5
Surveillance software	10	4	2	4
Other	1	0	1	0
Patient charts	1	0	1	0

Question L L141

Total of 93 agency surveys asked of Hospitals, Long Term Care Centers and Psychiatric Hospitals. *Includes data from NorDx Laboratories.

Table 19. Information on Emerging Infectious Disease Issues, Maine, 2004

Does your agency utilize information on emerging infectious disease issues from the following resources? (Please check all that apply)

Information on Emerging Infectious Disease Issues	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	93	25	43	25
Maine Bureau of Health – Health Alerts	61	17	32	19
Maine Bureau of Health – Health Advisories	61	16	28	17
CDC Health Advisories	57	17	27	13
APIC	40	11	19	10
MMWR	37	10	16	11
CDC – Epi-X (Epidemic Information Exchange)	16	8	5	3
Promed	5	0	3	2
Other	3	3	0	0
CDC Website	1	1	0	0
State of Maine APIC	2	2	0	0

Question L L142

Total of 93 agency surveys asked of Hospitals, Long Term Care Centers and Psychiatric Hospitals. *Includes data from NorDx Laboratories.

Table 20. Data Management for Reportables, Maine, 2004

How is surveillance data managed for **Reportables**? (Please check all that apply)

·				
Data Management for Reportables	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	93	25	43	25
Store data – paper records	65	15	34	16
Analyze data	52	16	25	11
Compile reports	51	15	24	12
Disseminate reports with facility	50	15	22	13
Store data – electronic data	28	7	13	8

Question L L143.01

Total of 93 agency surveys asked of Hospitals, Long Term Care Centers and Psychiatric Hospitals. *Includes data from NorDx Laboratories.

Table 21. Data Management for Clusters, Maine, 2004

How is surveillance data managed for **Clusters**? (Please check all that apply)

Data Management for Clusters	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	92	25	43	24
Store data – paper records	58	14	30	14
Analyze data	47	13	24	10
Compile reports	47	13	22	12
Disseminate reports with facility	45	11	21	13
Store data – electronic data	21	5	11	5

Question L L143.02

Total of 92 agency surveys asked of Hospitals, Long Term Care Centers and Psychiatric Hospitals.

Table 22. Data Management for Syndromes, Maine, 2004

How is surveillance data managed for **Syndromes**? (Please check all that apply)

Data Management for Syndromes	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	92	25	43	24
Store data – paper records	56	17	27	12
Analyze data	41	12	18	11
Compile reports	39	11	17	11
Disseminate reports with facility	38	10	16	12
Store data – electronic data	18	5	9	4

Question L L143.03

Total of 92 agency surveys asked of Hospitals, Long Term Care Centers and Psychiatric Hospitals.

Table 23. Barriers for Routine Reportables, Maine, 2004

What barriers do you identify to reporting/surveillance for **Routine Reportables** (Please check all that apply)

Barriers for Routine Reportables	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	111	31	51	29
Time	48	15	22	11
Staff	34	10	17	7
Data availability	35	9	20	6
System support, i.e. computer	17	5	8	4
Agency	7	1	4	2
Other	6	1	3	2
ICP not available 7 days/week	1	0	1	0
Nights & weekends depends on ED & House supv	1	0	0	1
Recognition of issues	1	1	0	0
Incomplete computer program	1	0	1	0
Knowledge level	1	0	1	0
Systematic time and knowledge related issues	1	0	0	1

Question L L146.01

Total of 111 agency surveys asked of Hospitals, Long Term Care Centers, Psychiatric Hospitals and School Nurses.

Table 24. Barriers for Syndromic, Maine, 2004

What barriers do you identify to reporting/surveillance for **Syndromic** (Please check all that apply)

Barriers for Syndromic	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	111	31	51	29
Time	45	11	21	13
Staff	35	7	20	8
Data availability	34	10	19	5
System support, i.e. computer	14	3	6	5
Agency	4	0	3	1
Other	4	0	2	2
ICP time limited	1	0	1	0
Knowledge level	1	0	1	0
Same as above	2	0	0	1

Question L L146.03

Total of 111 agency surveys asked of Hospitals, Long Term Care Centers, Psychiatric Hospitals and School Nurses.

Table 25. Barriers for Clusters, Maine, 2004

What barriers do you identify to reporting/surveillance for <u>Clusters</u> (Please check all that apply)

Barriers for Clusters	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	111	31	51	29
Time	46	13	22	11
Staff	39	9	24	6
Data availability	39	13	21	5
System support, i.e. computer	13	3	5	5
Agency	6	1	4	1
Other	4	0	2	2
Knowledge Level	1	0	1	0
Similar to previous question	3	0	1	2

Question L L146.05

Total of 111 agency surveys asked of Hospitals, Long Term Care Centers, Psychiatric Hospitals and School Nurses.

Table 26. Syndromic or Other Enhanced Surveillance, Maine, 2004

How would the decision be made to do syndromic or other enhanced surveillance? (Please check only one)

Syndromic or Other Enhanced Surveillance	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	111	31	51	29
Requested by Maine Bureau of Health combined				
with approval of Management/Administration	41	11	20	10
Requested by Maine Bureau of Health	19	10	5	4
Requested by Management/Administration	12	2	6	4
Requested by the Emergency Department	5	0	5	0

Question L L146.A0

Total of 111 agency surveys asked of Hospitals, Long Term Care Centers, Psychiatric Hospitals and School Nurses.

Table 27. Syndromic or Other Enhanced Surveillance Accomplished, Maine, 2004

How would syndromic or other enhanced surveillance be accomplished? (Please check all that apply)

Syndromic or Other Enhanced Surveillance Accomplished	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	92	25	43	24
Manual	57	19	25	13
Review of admission diagnosis	46	13	23	10
Review of Emergency Dept visits	39	9	21	9
Absenteeism	28	10	13	5
Electronic	27	6	13	8
Census data	25	5	14	6
Mortality review	23	8	11	4
Review Intensive Care admissions	21	7	9	5

Question L L146.A2

Total of 92 agency surveys asked of Hospitals, Long Term Care Centers and Psychiatric Hospitals.

~~End Early Detection Capacity~~

IV. Isolation and Referral

Tables 28-31 represent data measuring the capacity to isolate patients with infectious diseases in negative pressure. Isolation equipment is also reported whether: bed or rooms, fixed or portable, arranged at an alternate care site, and specific use ventilators (adult, pediatric, and neonatal).

Table 28. Capacity for Isolation by Region, Maine, 2004

What is the total number of the following for your institution?

Capacity for Isolation	Tota3	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	93	25	43	25
Total Neg Pressure Beds/Rooms	170	50	51	69
HEPA filtered	96	39	28	29
Other neg pressure Beds/Rooms	74	11	23	40
Total Ventilators	382	83	84	218
Ventilators – Adult	150	47	46	59
Ventilators - Emergency-Portable	146	7	21	119
Ventilators – Pediatric	45	17	12	16
Ventilators – Neonate	41	12	5	24

Question L111

Total of 93 agency surveys asked of Hospitals, Long Term Care Centers and Psychiatric Hospitals. *One Ambulatory Care/Rural Health Center listed some equipment, so are included here.

Table 28A. Capacity for Isolation by Hospital, Maine, 2004

Table 28A. Capacity for Isolation by Hospi	tui, Mume, 2001		Othorroom
Total Negative Pressure Beds/Rooms	Total Neg Pressure	HEPA	Other neg pressure
Hospitals Only	Beds/Rooms	filtered	Beds/Rooms
Statewide Total	188	105	83
Central Region Total	47	36	11
Bridgton Hospital	6	6	0
Central Maine Medical Center	13	13	0
Franklin Memorial Hospital	8	1	7
Inland Hospital	0	0	0
MaineGeneral Medical Center	12	12	-
Riverview Psychiatric Hospital	0	0	0
Rumford Hospital	0	0	0
St. Mary's Regional Medical Center	4	0	4
Stephen's Memorial Hospital	4	4	0
Eastern Region Total	61	38	23
Bangor Mental Health Institute	0	0	0
Blue Hill Memorial Hospital	1	1	0
Calais Hospital	2	0	2
Cary Medical Center	3	0	3
CA Dean Memorial Hospital	0	0	0
Down East Community Hospital	1	1	0
Eastern Maine Medical Center	10	10	0
Houlton Regional Hospital	2	0	2
Maine Coast Memorial Hospital	2	1	1
Mayo Regional Hospital	4	4	0
MDI Hospital	2	1	1
Millinocket Regional Hospital	4	2	2
Northern Maine Medical Center	0	0	0
Penobscot Bay Medical Center	3	0	3
Penobscot Valley Hospital	3	3	0
Redington-Fairview General Hospital	6	-	6
Sebasticook Valley Hospital	0	0	0
St. Joseph Hospital	7	7	0
The Aroostook Medical Center	10	8	2
Waldo County General Hospital	1	0	1
Southern Region Total	80	31	49
H.D. Goodall Hospital	3	0	3
Maine Medical Center	31	5	26
Mercy Hospital	11	2	9
Mid Coast Hospital	9	8	1
Miles Memorial Hospital	3	3	0
Parkview Adventist Medical Center	6	0	6
Southern Maine Medical Center	11	11	0
Spring Harbor Hospital	0	0	0
St. Andrews Hospital	3	0	3
York Hospital	3	2	1

Question L112-116

NOTE: Janet Austin contacted: (data obtained noted in *red italics*)

- Susan Boisvert, Hospital BT Coordinator at St. Andrews Hospital, December 6, 2004
- Richard Rice, Dir. Safety, Security & Parking for Mercy Hospital, December 30, 2004
- Howard Mette, BT Coordinator for Inland Hospital, December 6, 2004
- Kathy Knight, Eastern Regional Resource Center Director located at Eastern Maine Medical Center, December 6, 2004

Table 29. Portable Machinery for Negative Pressure, Maine, 2004

Does your agency have portable machinery capable of making a regular patient room negative pressure?

Portable Machinery for Negative Pressure	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	317	83	132	102
Yes	9	3	5	1
No	72	19	33	20
If yes, how many	13	4	8	1

Question L117.02-L117.03

Total of 317 agency surveys (excluding EMS and Retail Pharmacies). *ncludes data from NorDx Laboratories.

Table 30. Plans for Alternate Care, Maine, 2004

Does your agency have plans for alternate care should capacity exceed your number of negative pressure rooms/beds?

Plans for Alternate Care	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	92	25	43	24
Yes	23	6	14	3
No	54	15	24	15

Question L117.04

Total of 92 agency surveys asked of Hospitals, Long Term Care Centers and Psychiatric Hospitals.

Table 31. Ability to Isolate, Maine, 2004

Do you have any wings/wards/large rooms that have the ability to isolate air from the rest of your agency?

Ability to Isolate	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	92	25	43	24
Yes	13	5	5	3
No	70	17	36	17

Question L117.05

Total of 92 agency surveys asked of Hospitals, Long Term Care Centers and Psychiatric Hospitals.

~~End Isolation and Referral~~

V. Pharmacy

Pharmaceutical data is represented in the following 5 tables. The tables identify pharmaceutical vendors, and assess ordering practices, procedures, and availability of drug administering equipment. Respondents are able to provide additional detail in tables 32 through 34.

Table 32. Augmentation of Supplies, Maine, 2004

What mechanisms are in place at your agency for augmenting antibiotic supplies, antidotes, and your most frequently prescribed medications in the event of an emergency that consumes all supplies on hand? NOTE: Listed are only those that answered the question.

None None Ordering more Policy & Procedures Send to hospital in order We don't carry such meds Community Mental Health Agencies Contact local hospital None Omnicare has daily and emergency deliveries, local pharmacies Home Health Agencies RX not on hand Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals Emergency order from our wholesaler, borrowing from local hospitals
None Ordering more Policy & Procedures Send to hospital in order We don't carry such meds Community Mental Health Agencies Contact local hospital None Omnicare has daily and emergency deliveries, local pharmacies Home Health Agencies RX not on hand Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
Ordering more Policy & Procedures Send to hospital in order We don't carry such meds Community Mental Health Agencies Contact local hospital None Omnicare has daily and emergency deliveries, local pharmacies Home Health Agencies RX not on hand Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
Policy & Procedures Send to hospital in order We don't carry such meds Community Mental Health Agencies Contact local hospital None Omnicare has daily and emergency deliveries, local pharmacies Home Health Agencies RX not on hand Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
Send to hospital in order We don't carry such meds Community Mental Health Agencies Contact local hospital None Omnicare has daily and emergency deliveries, local pharmacies Home Health Agencies RX not on hand Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
We don't carry such meds Community Mental Health Agencies Contact local hospital None Omnicare has daily and emergency deliveries, local pharmacies Home Health Agencies RX not on hand Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
Contact local hospital None Omnicare has daily and emergency deliveries, local pharmacies Home Health Agencies RX not on hand Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
Contact local hospital None Omnicare has daily and emergency deliveries, local pharmacies Home Health Agencies RX not on hand Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
None Omnicare has daily and emergency deliveries, local pharmacies Home Health Agencies RX not on hand Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
Omnicare has daily and emergency deliveries, local pharmacies Home Health Agencies RX not on hand Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
Home Health Agencies RX not on hand Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
RX not on hand Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
Hospitals Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
Agreement with nearby hospital Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
Borrow from neighboring Hospital, Emergency procurement from wholesaler Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
Call supplier and area hospitals Emergency order from our wholesaler, borrowing from local hospitals
Emergency order from our wholesaler, borrowing from local hospitals
Network of 400 Cardinal Managed Pharmacies
Obtain from 1) other health care facilities 2) from pharm vendors
Other local hospitals - Emergency phone #s of manufacturers & distributors Long Term Care Centers
24 hour replacement by pharmacy
Back-up medications
Contract pharmacy – Omnicare
emergency drug box & call pharmacy
Emergency drug box, call pharmacy
None
None
None
Notify contracted pharmacy
Notify pharmacy
Pharmacy contact to deliver daily or as needed
Pharmacy coverage, local pharmacists & hospital pharmacies
request to the pharmacy as needed
Retail Pharmacies
None

Table 32. Augmentation of Supplies, Maine, 2004 (Cont)

Eastern Region Ambulatory Care/Rural Health Centers contact local Rexall Pharmacy Emergency kit antibiotic, masks etc. Local hospital local pharmacies None None None notify local hospital & pharmacy Phone resources unsure - per emmc We are a pediatric office. We only have samples from drug reps. We don't carry these other than sample antibiotics We would use EMMC supplies **Community Mental Health Agencies** None This is limited by what Maine Care will provide. There are often time requirements between refills of Meds **Home Health Agencies** None None **Hospitals** Borrow from local pharmacies - report emergency delivers from wholesaler Cardinal Health and area hospitals Collaboration with other hospitals, pharmacies, state stockpile Daily ordering disaster plan Disaster Supply Plan Local pharmacies, hospitals, wholesalers Local pharmacy, other hospitals Obtain additional supplies from local pharmacies, Bangor hospitals, drug wholesaler, and other local sources. Other hospitals, state resources, EMA Other local hospitals and retail pharmacies (borrow from them) plus contacting our drug wholesaler participate in the Maine Hospital Pharmaceutical Stockpile program/can contact medication supplier in Peabody Mass. for an emergency order. Can contact regional medical centers for extra supplies. poison control stockpile contact other pharmacies/facilities (no written plan) Short erm supply o hand, request from local pharmacies Supplier next day. Borrow from other facilities. Currently drafting policy to address what we are doing. We have an established relationship with a large tertiary care facility approximately 60miles away. They have also assisted us when we are short on products, except patients on transfer etc.

Table 32. Augmentation of Supplies, Maine, 2004 (Cont)

Table 32. Augmentation of Supplies, Maine, 2004 (Cont)
Eastern Region-(Cont)
Long Term Care Centers
Call Pharmacy
Carl Pharmacy
City Drug Pharmacy/Cary Medical Center Pharmacy
Consultant pharmacy, local hospital & pharmacies
Depends on area pharmacy stock
Emergency services from onmicare - utilize local pharmacy
Emergency Supply
ER Stock Box, inventory & Stock by OmniCare Pharm
local pharmacy and hospital
reorder from pharmacy
none
None
Pharmacy contract
Psychiatric Hospitals
local purchase
Retail Pharmacies
n/a
Southern Region
Ambulatory Care/Rural Health Centers
Dispensing of prescriptions at all sites within Bowdoin Medical Group
Dispensing of prescriptions at all sites within Bowdoin Medical Group Distributor agreement with Daily Delivery
Mercy Hospital
N/A None
None
None, other than contacting local suppliers
Ambulatory Surgical Centers
supplier overnights medication order
Community Mental Health Agencies
24 hr access to prescribers and pharmacies
no plan
none None at this time

Table 32. Augmentation of Supplies, Maine, 2004 (Cont)

Southern Region-(Cont)
Home Health Agencies
Access the Maine Health System
Coordinate with area hospitals
Hospitals Hospitals
Area Resources, Regional Poison Control Antidote System
Emergency telephone numbers to wholesalers & hospitals
Obtain from: 1. Other hospitals in region. 2. Pharmaceutical vendor.
Order more from wholesaler and send courier to neighboring hospitals.
Other facilities if local, agreement with wholesaler, poison control notification, notifies state
Primary & secondary drug wholesaler arrangements
Purchase from surrounding hospitals, retail pharmacies when applicable
Long Term Care Centers
Contract with pharmacy
emergency drug box
ncs/OmniCare or local Pharmacy
none
none
Notify pharmacy of need when anticipated
pharmacy procedure - for emergency mgt RN
Pharmacy's ability to provide
Retail Pharmacies
Intercompany transfer & wholesaler mechanisms for disaster response
None in place
supplemental orders from vendors

Question L158.00

Total of 239 agency surveys asked of Ambulatory Care/Rural Health Centers, Ambulatory Surgical Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers, Home Health Agencies, Hospitals, Long Term Care Centers, Psychiatric Hospitals, and Retail Pharmacies.

Table 33. Methods for Managing Pharmacy Inventory, Maine, 2004What methods do you use for managing pharmacy inventory of frequently ordered drugs?
NOTE: Listed are only those agencies that answered the question.

Central Region
Ambulatory Care/Rural Health Centers
Counting on hand supplies
Inventory - Med. Admin. Cards
Keep inventory
None
Community Mental Health Agencies
N/A other than emergency box
Weekly log inventor
Written Documentation, Locked cabinets
Home Health Agencies
not applicable, do not order drugs
Hospitals Hospitals
7-14 day supply, minimum-maximum inventory system. Daily ordering with daily deliveries
electronically through wholesaler
manual and electronic
Manual monitoring and daily ordering and delivery
Minimum 3 day supply for 3 patients, Daily orders
Want Book
Wholesaler software for analyzing purchase trends, minimum/maximum inventory quantities
Long Term Care Centers
emergency supply
Emergency supply inventory premise
Med Room par values
N/A - We use a contracted service.
None
Order as needed
Pharmacy does this
reorder as needed
shift count by licensed staff
track usage, manual inventory, order as necessary with physician order
track usage, manual inventory, order as necessary with physician order
we have no stockpile
Retail Pharmacies
None
Cont on next page

Table 33. Methods for Managing Pharmacy Inventory, Maine, 2004 (Cont)

Eastern Region
Ambulatory Care/Rural Health Centers
Contact Rexall local
Daily & weekly counts
Daily inventory
FIFO
Hospital pharmacy
Manual
Monthly immunization report - use meds with the earliest exp. date first
Phone
RN monitors
Samples from pharmaceutical reps only do have some immunizations
Samples signed out with lot # and expiration data, date given and patient name in log book. No names at center.
we utilize drug reps and samples only. We keep a log of items coming in that #s state vaccines are also supplied here
Community Mental Health Agencies
N/A
N/A
n/a
tracking on/in med. cabinet
Home Health Agencies
N/A
no meds on site
Hospitals Hospitals Hospitals
Daily order and delivery based on patient census
Daily order from Cardinal Health our primary wholesaler.
Daily ordering
Daily wholesaler need list
Inventory Control
inventory review daily.
Local pharmacy, other hospitals
On a daily basis Monday thru Friday we reorder as we use up the frequently utilized products. The next day our delivery arrives.
Order when needed or used
paper list / computer order
Par Levels, order status
Pyxis and Manueal
reorder on an as needed basis. Leep a larger supply of most commonly used meds
Reorder when par levels reached
some drugs have written par. levels

Table 33. Methods for Managing Pharmacy Inventory, Maine, 2004 (Cont)

Table 33. Methods for Managing Pharmacy Inventory, Maine, 2004 (Cont)
Eastern Region – (Cont)
Long Term Care Centers
consultant pharmacy
Daily check & count
Daily review and order
inventory daily and weekly
lock emergency box
Med Tech responsible for weekly bulk orders
None
None
None - we hold no Inventory
ordering/reordering
restock
weekly orders
Psychiatric Hospitals
computer tracking
Retail Pharmacies
n/a
Southern Region
Ambulatory Care/Rural Health Centers
Automated inventory system management
Inventory monthly
Inventory, Expiration dates
Keeping a list.
N/A
Reserve stock of samples
Samples on site, no inventory maintained
supplies are checked weekly, ordered when low
We don't have pharmacy drugs in our office
weekly counts/locked/increase with demand
Ambulatory Surgical Centers
Logs
Weekly ordering
Community Mental Health Agencies
health clinic oversight
no plan
RN oversight
Home Health Agencies
n/a
no pharmacy inventory

Table 33. Methods for Managing Pharmacy Inventory, Maine, 2004 (Cont)

Southern Region – (Cont)
Hospitals
Critical list of par levels reviewed daily.
Drug is ordered for next day delivery when at minimum stock level.
Frequent monitoring by eyesight
Pare levels
Pharmacy ordering done daily
Real time inventory with Par levels
We establish par levels for most frequently ordered/dispensed items
Long Term Care Centers
manual weekly review
Medication records
RN
Sticker order system
vendor - KPS
weekly order
Retail Pharmacies
Can order bi-weekly from warehouse, 5 days/week McKesson
Computerized ordering based on usage
Confidential
manual (personnel managed) data measurement
visual/automatic reorder

Question L159.00

Total of 239 agency surveys asked of Ambulatory Care/Rural Health Centers, Ambulatory Surgical Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers, Home Health Agencies, Hospitals, Long Term Care Centers, Psychiatric Hospitals, and Retail Pharmacies.

Table 34. Pharmaceutical Vendors, Maine, 2004

Who are your pharmaceutical vendors?

NOTE: Listed are only those agencies that answered the question.

NOTE: Listed are only those agencies that answered the question.
Central Region
Ambulatory Care/Rural Health Centers
Afhlekd
Elm City Pharmacy
GIV, Kennebec Professional Pharmacy
Ketner Pharmacy
Local pharmacies
Omnicare Pharmacy
Omnicare Pharmacy
Various drug companies - stock samples only
Community Mental Health Agencies
Brooks
Hannafords
Omnicare Pharmacy
Home Health Agencies
pt. choice - community, mail
Hospitals
Cardinal Distributors
Cardinal Health
McKesson
Long Term Care Centers
Kindred, Omni
NCS/OmniCare/Bedards
Omni
Omni Care Pharmacy
Omni Care Pharmacy
Omni Care, Hannaford
Omni Care, Medicine shoppe
Omnicare Pharmacy
Omnicare Pharmacy
Omnicare Pharmacy
Omnicare, Kennebec Professional Pharmacy, Omnicare, Ketner Pharmacy, Stephens Memorial Hospital,
Hannaford, Walmart, McFalls Pharmacy
Waltz Pharmacy
Retail Pharmacies
Cardinal Health
Cantan next nega

Table 34. Pharmaceutical Vendors, Maine, 2004 (Cont)

Eastern Region
Ambulatory Care/Rural Health Centers
Affiliated Pharmacy
Aventis Pasture
Camden Drug
hospital & pharmacy
Local pharmacies
Local pharmacies
Many pharmacy reps.
Multiple
Na
Rexall, Rite Aid, Walmart
Several
several sample vendors
unsure - pharmacy dept. handles
We receive samples from numerous repsl
Community Mental Health Agencies
N/A
N/A
n/a
Pfizer; Ilnsen; Lilly; Bristol Myers, Squib
Home Health Agenices
DME companies in Maine
Various through Hospice Contracts - i.e. Miller Drug, Hannaford Pharmacy, OMNI, Treworgy Pharmacy
Hospitals Hospitals
Cardinal and Baxter
Cardinal Health
Cardinal Health Peabody, MA
Cardinal Health (primary), Barten & Abbot as needed
Cardinal Health 98% come from primary wholesaler,
Cardinal Health, Hospira

Table 34. Pharmaceutical Vendors, Maine, 2004 (Cont)

Eastern Region – (Cont)				
Long Term Care Centers				
City Drug - Cary – McKesson				
Lubec Apothecary, McKesson Medical				
Miller Drug, Orono Pharmacy				
Omni Care				
Omni Care, West End Pharm				
Omnicare & Machias Apothecapy				
Omnicare & Miller				
Omnicare and Community Pharmacy				
Omnicare Pharmacy				
Omnicare, Milbridge pharmacy				
omnicare/variety				
patten drug				
pmnicare				
Truworyys				
Psychiatric Hospitals				
Cardinal Health				
Retail Pharmacies				
Cardinal Health				
Southern Region				
Ambulatory Care/Rural Health Centers				
Besse Pharmaceutical				
Call sales reps or order from hosp pharmacy				
Cardinal Health				
CVS, Wilsons Pharmacy, Moore Medical, Banyan				
GIV Bessie				
manufacturer				
Many				
Multiple vendors for samples				
Rosemont-Danby-Atlantic Healthcare				
Southern Maine Medical Center				
We don't have any				
Ambulatory Care/Rural Health Centers				
priority health care				
Cardinal & Abbott				
College Health Centers				
Moore Medical Glaxo Smith Kline				
Community Mental Health Agencies				
n/a				
pharmacies				
Home Health Agencies				
for hospice, Waltz Pharmacy				

Table 34. Pharmaceutical Vendors, Maine, 2004 (Cont)

Southern Region
Hospitals
Amerisource Bergen, McKesson, ASD
Cardinal Health
Cardinal Health
Cardinal Health
Cardinal Health
Cardinal Health 90% via wholesale
cardinal health and most manufacturers
Long Term Care Centers
Kindred Pharmacy
Kindred Pharmacy
Kindred Pharmacy
KPS
NCS/OmniCare
NCS/OmniCare
NCS/Omnicare Pharmacy
Omni Care, NCS Laboratory Care Pharmacy
Omnicare Pharmacy
Retail Pharmacies
25+
Amerisource Bergen, McKesson, ASD
Cardinal Health
Cardinal Health (principal wholesaler)
McKesson
McKesson and Wal-Mart warehouse

Question L160.00

Total of 239 agency surveys asked of Ambulatory Care/Rural Health Centers, Ambulatory Surgical Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers, Home Health Agencies, Hospitals, Long Term Care Centers, Psychiatric Hospitals, and Retail Pharmacies.

Table 35. Vendor's Capacity, Maine, 2004

What is the vendor's capacity and response time for emergency requests?

Vendor's Capacity	Total	AC	ASC	COL	СМНА	FQHC	ННА	HOS	LTC	PH	RP
Total Surveys Rec'd	239	81	6	5	24	11	12	36	53	3	8
Immediate	3	1	0	0	0	0	0	0	2	0	0
2 hours or less	9	0	0	0	0	0	1	0	8	0	0
4 hours	7	0	0	0	1	0	0	4	2	0	0
8 hours	6	0	0	0	0	0	0	5	1	0	0
12 hours	11	1	0	0	0	0	0	5	5	0	0
24 hours	25	7	0	0	3	0	2	8	5	0	0
More than 1 day	12	4	2	1	0	0	0	0	4	0	1
Same Day	5	0	0	0	0	0	0	0	5	0	0
Next Day	16	2	1	0	0	0	0	4	4	1	4

Question L160.01

Total of 239 agency surveys asked of Ambulatory Care/Rural Health Centers (AC), Ambulatory Surgical Centers (ASC), College Health Centers (COL), Community Mental Health Agencies (CMHA), Federally Qualified Health Centers A(FQHC), Home Health Agencies (HHA), Hospitals (HOS), Long Term Care Centers (LTC), Psychiatric Hospitals (PH), and Retail Pharmacies (RP).

Table 36. Drug Administering Equipment, Maine, 2004

Is the necessary drug administering equipment available for the on-hand quantities of therapeutic agents?

Drug Administering Equipment	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	239	61	99	79
Yes	98	22	45	30
No	35	10	15	8

Question L183.00

Total of 239 agency surveys asked of Ambulatory Care/Rural Health Centers, Ambulatory Surgical Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers, Home Health Agencies, Hospitals, Long Term Care Centers, Psychiatric Hospitals, and Retail Pharmacies.

~~End Pharmacy~~

VI. Training

The following 4 training tables measure hospital emergency training received and topics for future sessions. Preferred training modes and identified training barrier data are also reported.

Table 37. Professional Staff Training, Maine, 2004

What percent of your professional staff/providers have received training on the following? (If 0% please indicate). **NOTE**: Numbers reflect the number of agencies that checked the answer shown at the left.

indicate). NOTE. Numbers reflect the number of a	genoles that on							
Professional Staff Training	Total	Central	Eastern	Southern				
Floressional Stati Hailing	Total	Region	Region	Region				
Total Agency Surveys Received	315	83	134	98				
Basic Emergency Preparedness Overview								
0%	60	18	26	16				
1% - 25%	43	11	16	16				
26%-50%	12	2	6	4				
51%-75%	15	5	6	4				
76%-99%	26	5	14	7				
100%	98	26	44	28				
Incident Command System (ICS), Hospital								
Mass Casualty			ina System (H	Lics) of				
0%	121	35	52	34				
1% - 25%	54	20	21	13				
1/6 - 25 /6	21	4	13	4				
		4						
51%-75%	10	1	6	3				
76%-99%	13	1	8	4				
100%	31	/	9	15				
Use of Appropriate Pe				10				
0%	53	17	20	16				
1% - 25%	28	6	13	9				
26%-50%	11	3	5	3				
51%-75%	8	0	5	3				
76%-99%	18	7	9	2				
100%	134	34	59	41				
Weapons of Mass		Awareness						
0%	138	40	57	41				
1% - 25%	55	17	25	13				
26%-50%	19	6	6	7				
51%-75%	8	2	4	2				
76%-99%	5	0	4	1				
100%	24	3	12	9				
HazMat First F	Responder Aw	areness						
0%	2	1	0	1				
1% - 25%	7	3	3	1				
26%-50%	8	2	2	4				
51%-75%	2	0	1	1				
76%-99%	15	4	10	1				
100%	38	10	16	12				
HazMat Operations Level for Hospital Personnel (Decon)								
0%	33	12	17	4				
1% - 25%	20	3	7	10				
26%-50%	3	1	1	1				
51%-75%	2	0	1	1				
76%-99%	1	0	1	0				
100%	14	4	5	5				
10070	17	T	9	9				

Table 37. Profession Staff Training, Maine, 2004 (Cont)

Table 37.1 Tolession Otali Trailing, Maile, 200	() ()					
Professional Staff Training	Total	Central	Eastern	Southern		
	Total	Region	Region	Region		
HazMat on-site	Incident Con	nmander				
0%	34	10	19	5		
1% - 25%	26	6	9	11		
26%-50%	5	2	2	1		
51%-75%	1	1	0	0		
76%-99%	1	0	1	0		
100%	5	1	1	3		
Disease surve	eillance and re	porting				
0%	106	29	40	37		
1% - 25%	78	22	40	16		
26%-50%	16	8	6	2		
51%-75%	8	0	5	3		
76%-99%	6	0	2	4		
100%	30	8	15	7		
CDC Categor	y A biological	agents				
0%	149	42	61	46		
1% - 25%	67	19	32	16		
26%-50%	14	4	8	2		
51%-75%	5	0	3	2		
76%-99%	4	0	2	2		
100%	9	1	3	5		
Preparation for the emotional and m	ental health ir	npacts of a ter	rorist event fo	r		
Staff, Patients, and Family members						
0%	171	49	69	53		
1% - 25%	41	10	20	11		
26%-50%	14	4	8	2		
51%-75%	6	0	5	1		
76%-99%	3	1	1	1		
100%	7	1	4	2		

Question L186

Total of 315 agency surveys (excluding Morticians, Retail Pharmacies, School Nurses and Veterinarians).

Table 38. Training Topics, Maine, 2004

What training topics would you like to see offered by the Statewide Coordinating Committee (Bureau of Health and MEMA)?

Note: Listed below are only the agencies that answered the question

Note : Listed below are only the agencies that answered the question				
Central Region				
Ambulatory Care/Rural Health Centers				
All of the above				
Almost				
Biological agents				
Any of the above				
Community Mental Health Agencies				
Any and all				
CDC Category A, Incident Command System				
<u>EMS</u>				
Recognition of target diseases as lised in 11/56				
Local Biological Threats				
All of the above				
responding to chemical disasters				
All of the above				
Muttual aid training with first responders				
Na Na				
Na Na				
Hazmat ALS, WMD Training for EMS providers, Haz-Mat Operations for EM				
Signs & Symptoms and treatment of All-Hazards.				
unknown				
Home Health Agencies				
basic emergency emergency preparedness				
WMD, category A bio-agents CDC, Emotional & MH impacts of terrorist e				
Hospitals Hospitals				
Any and all appropriate				
The training is available, it is the staff time to get to training				
First response for hospitals, how to manage an event				
incident command, CDC category A				
Decontamination				
Long Term Care Centers				
WMD Training				
biological agents & treatment, disease surveillance & reporting				
disaster planning				
whatever would be helpful				
All of the above				
biological agents & treatment, disease surveillance & reporting				
No Comment				
Biological threats; incident command				
CDC CategoryA, ICS				
Eastern Region				
Ambulatory Care/Rural Health Centers				
None				
best reporting methods. update on category				
Infection & radiation				
Role of physician parishioners unaffiliates with hospitals in an event.				
reasonable plan for biological threat to community				
Cont on payt page				

Table 38. Training Topics, Maine, 2004 (Cont)

Table 38. Training Topics, Maine, 2004 (Cont)
Eastern Region (Cont)
Community Mntal Health Agencies
Unknown
not sure
EMS
Critcal Incident Stress Management
Unsure
Proper procedure protocol for the basic 1 st responder
None
Hazmat - All levels
Instructor Courses for Basic EMTs such as myself
Subject where 0 appears above
unsure
A single entity
Awareness level for WMD Incidents
unknown
Medical mass incident for island communities
Disease/2356/22/56
WMD awareness, any and all classes
WMD; Bio-Hazards
All above
Federally Qualified health Centers
Personal Protective Equipment, Awareness off weapons of mass destruct
something on the physician practice level
All of the above
Home Health Agencies
WMD:A
All of the above topics
Hospitals Hospitals
a hospital based hazmat for healthcare course that melds many of the
Incident stress debreifing - current programs are relevant and well r
HEICS
Biological agent; Emotional
Interactive Web Based Training
the list of education priorities developed by MHA /BPH in 2003
PPE, communication, decon, triage protocol
PPE, Recognition
Local services available, training programs in conjunction with these
Local community coordination to access resources
Physician educational for BioChemical Response
PPE, Decon, Incident Command
Long Term Care Centers
all of the above
Natural Disaster for ex: weather related to ice storms and hurricane
community preparedness
Cluster and syndromic management/emotional & mental health impacts on
preparedness
realistic training
SATA
need more info
Crisis counceling

Table 38. Training Topics, Maine, 2004 (Cont)

Table 38. Training Topics, Maine, 2004 (Cont)
Southern Region
Ambulatory Care/Rural Health Centers
Im not sure.
Triage of mass casualties
ICS, HEICS, MCI
Basic Emergency Preparedness
Unified Command and a very large drill with wide participation
All of above
Community Mental Health Agencies
Crisis debriefing
Developing an emergency response plan
College Health Centers
Biological Agents review
EMS
CAT A Biological Agents, Mass Casualty
More training i natural disasters
biological agents
Disease surveillance and reporting
CDC Category A
All the Above
CDC Category A
Rapid assessment and treatment for hazmat and wmd
Rescue Decon
Identify and Treatment of biological agents
Some of the above courses
All available
Response, recognition, and treatment of biological health emergencies
Federally Qualified Health Centers
role and responsibility of agency within incidence command system dur
Home Health Agenies
Basic emergency preparedness/disease surveillance
All of the above
1. Awareness/ strategies related to weapons of mass destruction 2.Pre
Hospitals
All of the above
Decontamination
emotional and mental health impact
Managing Pharmaceutical Stockpile. True Mass Casualty drill. Comput
Long Term Care Centers
Internal/External Disaster Training
Elimentary hand holding & praying prevention of mass hysteria
#s 90-96/141
Bioterrorism
Substance Abuse Treatment Agencies
chemical and biological terrorist training

Question L189

Total of 315 agency surveys (excluding Morticians, Retail Pharmacies, School Nurses and Veterinarians).

Table 39. Training Modes Offered, Maine, 2004

What training modes would you like to see offered? (Please check all that apply)

Training Modes Offered	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	315	83	134	98
Classroom instruction	157	40	74	43
Reference and learning guides	132	32	61	39
Web-based training/Internet access	120	32	52	36
CD-ROM	116	34	50	32
Audio conferencing	52	14	27	11
Internet-based video conferencing	49	11	27	11
Video streaming	43	8	27	8
Satellite video/audio/data broadcast	38	9	21	8

Question L190

Total of 315 agency surveys (excluding Morticians, Retail Pharmacies, School Nurses and Veterinarians)

Table 40. Barriers to Receive Emergency Preparedness Training, Maine, 2004

What are the barriers to your agency receiving emergency preparedness training? (Please check all that apply)

Barriers to Receive Emergency Preparedness Training	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	315	83	134	98
Access to training	176	41	82	53
Financial reimbursement	160	45	72	43
Release of staff and adequate backfill	167	48	72	47
Lack of administrative support	14	3	8	3
Lack of interest/apathy	41	12	22	7

Question L191

Total of 315 agency surveys (excluding Morticians, Retail Pharmacies, School Nurses and Veterinarians).

~~End Training~~

VII. Strategic National Stockpile

Tables 41 through 44 measure facility storage type (secured/temperature controlled), available space, and location for emergency response needs relating to the Strategic National Stockpile.

Table 41. Storage Space – Secured – Climate Controlled, Maine, 2004

How many square feet of storage space of <u>Secured (locked room, secured from theft) – Climate Controlled (air conditioning and heat)</u> could your agency provide for temporary emergency response use in your community? If none, please enter 0 in the field.

Agency		City	Square Feet
Dale D. Bardo, M.D.		Wilton	5
Community Health and Counseling	g Services	Bangor	5
Nancy J Oliphant, MD		Boothbay Harbor	10
Waldo County General Hospital		Belfast	10
Inland Hospital		Waterville	30
CMMC-FPR		Lewiston	50
Alison E Faulkingham MD		Rockport	80
Bath Iron Works		Bath	80
St. Joseph Nursing Home		Frenchville	80
Miles Home Health & Hospice		Damariscotta	90
Penobscot Community Health Cer	nter	Bangor	100
Jeffrey E. Martin, M.D.		Windham	100
Lincolnville Reg. Health Cntr		Lincolnville	100
Fryeburg Health Care Center		Fryeburg	100
Common Ground Counseling, LLC)	Norway	100
Penobscot Valley Hospital		Lincoln	100
Norumbega Medical		Brewer	160
Oxford Hills Family Practice		Oxford Hills	200
Community Correctional Alternative	es es	Farmington	200
Parkview Adventist Medical Cente	r	Brunswick	200
MDI Hospital		Bar Harbor	200
Maine Veterans Home - Scarboro	ugh	Scarborough	200
Cary Medical Center		Caribou	240
Community Pharmacy		Dexter	240
Maine Veterans Home		Bangor	300
Milliken Medical Center		Island Falls	400
Miles Memorial Hospital		Damariscotta	400
Maine Eye Center		Portland	400
Calais Hospital		Calais	400
Central Maine Medical Center		Lewiston	400
Elm City Pharmacy		Waterville	400
Riverview Psychiatric Hospital		Augusta	400
Mount Desert Island Hospital/MDI	Health Centers	Bar Harbor	500
Southern Maine Medical Center		Biddeford	500
St. Joseph Healthcare		Bangor	500
Evergreen Manor		Saco	500
Courtland Rehab. & Living Ctr.		Ellsworth	600
MaineGeneral Medical Center		Waterville	700
Knox Center for Long Term Care		Rockland	750

Table 41. Storage Space – Secured – Climate Controlled, Maine, 2004 (Cont)

Agency	City	Square Feet
Crisis & Counseling Center	Augusta	1,000
Caribou Nursing Home	Caribou	1,500
Redington-Fairview General Hospital	Skowhegan	2,000
Northern Maine Medical Center	Fort Kent	2,000
The Aroostook Medical Center	Presque Isle	2,000
Stephens Memorial Hospital	Norway	2,500
Gentiva Health Services	Farmington	3,000
Bridgton Hospital	Bridgton	10,000

Question L204.01

Total of 285 agency surveys (excluding Morticians, EMS and School Nurses).

Table 42. Storage Space – Secured – Non-climate Controlled, Maine, 2004

How many square feet of storage space of <u>Secured (locked room, secured from theft) – Non-climate Controlled (no air conditioning and heat)</u> could your agency provide for temporary emergency response use in your community? If none, please enter 0 in the field.

NOTE: Listed are only those agencies that answered other than 0.

Agency	City	Square Feet
Newton Center	Sanford	1
Crossroads For Women, Inc.	Portland	1
Acadia Veterinary Hospital	Bar Harbor	1
Oak Grove Rehab. & Living Ctr.	Waterville	2
David L Hall MD	Rockport	4
Rumford Hospital	Rumford	4
Russell Park Rehabilitation & Living Cent	er Lewiston	6
Dale D. Bardo, M.D.	Wilton	10
Katahdin Valley Health Center	Patten	20
Inland Hospital	Waterville	30
York Hospital	York	36
Carl F. Alessi, MD Family Practice	Lincoln	40
Lincolnville Reg. Health Cntr	Lincolnville	50
Fryeburg Health Care Center	Fryeburg	100
Portland West Family Practice	Westbrook	100
CMMC-FPR	Lewiston	100
St. Joseph College of Maine	Standish	100
Fish River Rural Health	Eagle Lake	100
H.D. Goodall Hospital	Sanford	100
Amenity Manor/Rousseau Enterprises, In	c. Topsham	100
Country Manor Nursing Home	Coopers Mills	100
Courtland Rehab. & Living Ctr.	Ellsworth	100
High View Manor	Madawaska	100
Calais Hospital	Calais	115
Linda Keniston-Dubocq, MD	Waterville	144
Casco Bay Gastro Enterology & Endosco	py Ctr South Portland	150
St. Mary's Regional Medical Center	Lewiston	150
Scarborough Animal Hospital	Scarborough	150
Victorian Villa	Canton	200
Parkview Adventist Medical Center	Brunswick	200
MDI Hospital	Bar Harbor	200
Maine Medical Center	Portland	200
Mount St. Joseph	Waterville	200
Atlantic Rehabilitation & Nursing Center	Calais	200
Victorian Villa Rehab & Living Center	Canton	200

Table 42. Storage Space - Secured - Non-climate Controlled, Maine, 2004 (Cont)

rable 42. Otorage Space - Secured - Non-climate		ority
Agency	City	Square Feet
Mount Desert Island/MDI Health Centers	Bar Harbor	300
Dexter Veterinary Clinic	Dexter	300
Stephens Memorial Hospital	Norway	400
Sandy River Nursing Care	Farmington	400
St. Marquerite d'Youville Pavilion	Lewiston	400
Maine Veterans Home – Caribou	Caribou	400
Maine Veterans Home	Bangor	400
Riverview Psychiatric Center	Augusta	400
Your Choice, Inc.	Hallowell	400
Good Will - Hinckley	Hinckley	500
Penobscot Valley Hospital	Lincoln	500
St. Joseph Healthcare	Bangor	500
St. Joseph Nursing Home	Frenchville	500
Pine Point Health Care & Rehabilitation	Scarborough	800
Elm City Pharmacy	Waterville	800
Adele L. Carroll, D.O.	Limerick	1,000
The Aroostook Medical Center	Presque Isle	1,000
Orono Commons	Orono	1,000
Evergreen Manor	Saco	1,500
St. Croix Regional Family Health Center	Princeton	2,000
Mid-Coast Mental Health Center	Rockland	2,000
Northern Maine Medical Center	Fort Kent	2,000
Bridgton Hospital	Bridgton	2,000
Winthrop Veterinary Hospital	Winthrop	2,000
Milliken Medical Center	Island Falls	3,000
Oceanview Nursing and Residential Care	Lubec	3,000
Franklin Memorial Hospital	Farmington	5,000
Sweetser	Saco	10,000
Bangor Mental Health Inst.	Bangor	20,000

Question L204.02

Total of 285 agency surveys (excluding EMS, Morticians and School Nurses).

Table 43. Storage Space – Unsecured – Climate Controlled, Maine, 2004

How many square feet of storage space of <u>Unsecured (open warehouse, empty room) – Climate Controlled (air conditioning and heat)</u> could your agency provide for temporary emergency response use in your community? If none, please enter 0 in the field.

NOTE: Listed are only those agencies that answered other than 0.

Agency	City	Square Feet
Andrew J Candelore DO	Scarborough	1
High View Manor	Madawaska	1
Crossroads For Women, Inc.	Portland	1
Belfast Pediatrics	Belfast	4
David L Hall MD	Rockport	6
Wal-Mart Pharmacy	Brunswick	10
Acadia Veterinary Hospital	Bar Harbor	24
Lincolnville Reg. Health Cntr	Lincolnville	100
Katahdin Valley Health Center	Patten	100
Common Ground Counseling, LLC	Norway	100
Parkview Adventist Medical Center	Brunswick	100
Amenity Manor	Topsham	100
Searsport Counseling Assoc.	Belfast	100
Community Pharmacy	Dexter	150
Norumbega Medical	Brewer	160
Portland Public Health	Portland	196
Penobscot Community Health Center	Bangor	200
Carl F. Alessi, MD Family Practice	Lincoln	200
Maine Veterans Home - Scarborough	Scarborough	200
Eliot Drug Company	Eliot	200
Facing Change PA	Lewiston	200
Auburn Animal Hospital	Auburn	200
Martins Point Health Care	Portland	250
Sandy River Nursing Care	Farmington	250
Islands Community Medical Services, Inc.	Vinalhaven	300
Riverview Psychiatric Center	Augusta	400
CMMC-FPR	Lewiston	500
Evergreen Manor	Saco	500
Maine Veterans Home	Bangor	500
Courtland Rehab. & Living Ctr.	Ellsworth	600
Mount Desert Island Hospital/MDI Health Centers	Bar Harbor	800
MaineGeneral Medical Center	Waterville	800
The Aroostook Medical Center	Presque Isle	1,000
Veterinary Clinic	Brunswick	1,000
Animal Hospital of Waterville	Waterville	1,200
Community Correctional Alternatives	Farmington	1,500
Northern Maine Medical Center	Fort Kent	2,000
Medomak Veterinary Services	Waldoboro	3,000
White Birch Medical Center	Millinocket	8,000
Bath Iron Works	Bath	10,000

Question L204.03

Total of 285 agency surveys (excluding Morticians, EMS and School Nurses).

Table 44. Storage Space - Unsecured - Non-climate Controlled, Maine, 2004

How many square feet of storage space of <u>Unsecured (open warehouse, empty room) – Non-climate Controlled (no air conditioning and heat)</u> could your agency provide for temporary emergency response use in your community? If none, please enter 0 in the field.

NOTE: Listed are only those agencies that answered other than 0.

Agency	City	Square Feet
Newton Center	Sanford	1
Crossroads For Women, Inc.	Portland	1
Gardiner Health Care	Gardiner	2
Beth Koester MD Family Medicine	Camden	6
Russell Park Rehabilitation & Living Center	Lewiston	6
Inland Hospital	Waterville	30
Barron Center,	Portland	50
Mark5t Square Health Care Center	South Paris	50
Animal Medical Assoc.	Saco	60
Faith Family Health Care	Baileyville	64
Lincolnville Reg. Health Cntr	Lincolnville	100
Fryeburg Health Care Center	Fryeburg	100
Calais Hospital	Calais	100
H.D. Goodall Hospital	Sanford	100
Montello Manor	Lewiston	100
Carl F. Alessi, MD Family Practice	Lincoln	200
Katahdin Valley Health Center	Patten	200
St. Mary's Regional Medical Center	Lewiston	200
Sandy River Nursing Care	Farmington	200
Orono Commons	Orono	200
Facing Change PA	Lewiston	200
Forest Ave. Vet Hospital	Portland	200
Martins Point Health Care	Portland	250
Mount Desert Island Hospital/MDI Health Centers	Bar Harbor	300
Country Manor Nursing Home	Coopers Mills	300
Mount St. Joseph	Waterville	300
Maine Veterans Home	South Paris	300
Sacopee Veterinary Clinic	Cornish	350
Maine Veterans Home	Bangor	400
Riverview Psychiatric Center	Augusta	400
St. Joseph Healthcare	Bangor	500
David L Hall MD	Rockport	600
Rumford Hospital	Rumford	800
Southern Maine Medical Center	Biddeford	800
Oxford Hills Family Practice	Oxford Hills	1,000
Crisis & Counseling Center	Augusta	1,000
The Aroostook Medical Center	Presque Isle	1,000
Caribou Nursing Home	Caribou	1,000
High View Manor	Madawaska	1,000
St. Joseph Nursing Home	Frenchville	1,000
Bethel Animal Hospital	Bethel	1,000
Maine Coast Veterinary Hospital	Blue Hill	1,000
Victorian Villa	Canton	1,200
Victorian Villa Rehab & Living Center	Canton	1,200
Animal Hospital of Waterville	Waterville	1,200
Evergreen Manor	Saco	1,500
White Birch Medical Center	Millinocket	2,000
Medomak Veterinary Services	Waldoboro	3,000

Table 44. Storage Space - Unsecured - Non-climate Controlled, Maine, 2004 (Cont)

V 1	, ,	
Agency	City	Square Feet
Northern Maine Medical Center	Fort Kent	4,000
Oceanview Nursing and Residential Care	Lubec	4,000
Bath Iron Works	Bath	10,000
Sweetser	Saco	10,000

Question L204.04

Total of 285 agency surveys (excluding Morticians, EMS and School Nurses).

~~End Strategic National Stockpile~~

VIII. Decontamination Equipment

The following 3 tables measure agency fixed decontamination equipment, patient decontamination capacity per hour, and ability to accommodate stretchers.

Table 45. Fixed Decontamination Capability, Maine, 2004

Describe your FIXED (permanent, not portable or temporary) onsite patient decontamination capability (showers, etc.).

NOTE: Listed are only those agencies that answered the question.

OTE. Listed are only those agencies that answered	Fixed Decontamination Capabilities
Agency Bridgton Hospital	Showers in the ER
Calais Hospital	None until new facility need con and 1 yr to build
Calais Hospital	Shower stalls in male and female locker
Cary Medical Center	rooms/restrooms
Central Maine Medical Center	1 old shower, not enclosed
Charles A. Dean Memorial Hospital	Have None
Down East Community Hospital	No Permanent Patient Decon Available
Down East Community Hospital	(1) Single room, Standup Shower, Handheld Shower,
Eastern Maine Medical Center	Inground tank,
Franklin Memorial Hospital	0
H.D. Goodall Hospital	None
Houlton Regional Hospital	0
Inland Hospital	Portable
MDI Hospital	None
Maine Coast Memorial Hospital	None
Maine Coast Memorial Hospital	single patient sized decon facility with shower, water
Maine Medical Center	collection and eye wash
Walle Wedical Scritci	We have plumbed warm water to the outside decon.
	area. We have dedicated storage of the portable
MaineGeneral Medical Center	decon. equipment and PPE
Mayo Regional Hospital	decon room in the ED
Mercy Hospital	8-12
Mid Coast Hospital	single patient shower
	Single decontamination room in the emergency
Miles Memorial Hospital	department.
Northern Maine Medical Center	None
	We have a separate decontamination room in the ED
	equipped with 2 showers and self-contained storage
Penobscot Bay Medical Center	of waste liquid.
Penobscot Valley Hospital	none
Redington-Fairview General Hospital	0
Rumford Hospital	0
Sebasticook Valley Hospital	None
Southern Maine Medical Center	None
St. Joseph Healthcare	One room with shower and collection tank
St. Mary's Regional Medical Center	Exam room - floor drain - portable tub, disposable
Stephens Memorial Hospital	Single Shower
The Aroostook Medical Center	2 showers inside ambulance garage by ED
	ER based Decon shower - 300gl capacity - Needs to
Waldo County General Hospital	be pumped out by Clean Harbor, Inc.
	Portable decontamination unit that York Fire Dept.
York Hospital	maintains

Questions L210.01

Total of 39 agency surveys asked of Hospitals only.

Table 46. Patient Capability for Fixed Decontamination, Maine, 2004

What is the patient capability per hour for this FIXED decontamination facility?

Patient Capability for Fixed Decontamination	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	36	8	19	9
Less than 6 patients per hour	18	6	9	3
6-10 patients per hour	0	0	0	0
11-20 patients per hour	0	0	0	0
21-30 patients per hour	0	0	0	0
31 or more patients per hour	0	0	0	0

Question L210.09

Total of 36 agency surveys asked of Hospitals only.

Table 47. Fixed Decontamination – Stretchers, Maine, 2004

Can your FIXED decontamination facility accommodate stretchers?

Fixed Decontamination - Stretchers	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	36	8	19	9
Yes	14	5	6	3
No	5	1	3	1

Question L210.10

Total of 36 agency surveys asked of Hospitals only.

~~End Decontamination Equipment ~~

IX. Trauma and Burn Care

Tables 48 through 62 measures Maine's trauma and burn care capacity and procedures. The tables also reflect current treatment capacity, existing Memorandums of Agreements, staff mobilization capability, bypass and transfer protocols, and human remains policies.

Table 48. Written Policy for Triage and Treatment Sorted by Region, Maine, 2004

If your agency is involved in responding to an emergency, do you have a policy and procedure in place to track affected person's location and condition through triage and treatment in the health care system?

Written Policy for Triage and Treatment	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	216	54	88	74
Yes	48	10	25	13
No	104	28	41	35

Table 48A. Written Policy for Triage and Treatment Sorted by Respondent Category, Maine, 2004

	Total	AC	ASC	COL	СМНА	FQHC	нна	HOS	РН	RP	SATA	SCH RN
Total Surveys	216	81	6	5	24	11	12	36	3	8	11	19
Yes	48	8	0	1	3	2	3	27	1	0	2	1
No	104	53	2	2	16	8	4	5	2	0	8	4

Question L315

Total of 216 agency surveys asked of Ambulatory Care/Rural Health Centers (AC), Ambulatory Surgery Centers (ASC), College Health Centers (COL), Community Mental Health Agencies (CMHA) Federally Qualified Health Centers (FQHC), Home Health Agencies (HHA), Hospitals (HOS) and Psychiatric Hospitals (PH), Retail Pharmacies (RP), Substance Abuse Treatment Agencies (SATA), School Nurses (SCH_RN).

Table 49. Trauma Patient Memorandum of Agreement, Maine, 2004

Do you have agreements with other facilities that would outline under which circumstances you would move trauma patients?

Trauma Patient Memorandum of Agreement	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	142	34	61	47
Yes	32	6	18	8
No	79	22	29	28

Question L220

Total of 142 agency surveys asked of Ambulatory Care/Rural Health Centers, Ambulatory Surgery Centers, College Health Centers, Federally Qualified Health Centers, Hospitals and Psychiatric Hospitals.

Table 50. Acutely Injured Patients, Maine, 2004

On any given day, at your usual level of activity, how many acutely injured patients could you manage simultaneously in the event of for example, a plane crash or a logging accident?

Acutely Injured Patients	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	195	50	84	61
Ambulatory Care/Rural Health	178	27	61	90
Ambulatory Surgery Center	14	0	0	14
College Health Centers	6	0	0	6
Federally Qualified Health Centers	12	0	12	0
Hospital	236	35	146	44
Long Term Care Center	122	32	33	57
Psychiatric Hospital	0	0	0	0

Question L222

Total of 195 agency surveys asked of Ambulatory Care/Rural Health Centers, Ambulatory Surgical Care, College Health Centers, Federally Qualified Health Care, Hospitals, Long Term Care and Psychiatric Hospitals.

Table 51. Mobilization of Professional Staff, Maine, 2004

In a mass casualty event, how many professional staff could you mobilize to report to work within one hour?

Mobilization of Professional Staff	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	242	63	102	77
Total Number of Staff Mobilized	2,430	598	1,123	709
Hospital	1,032	264	638	130
Community Mental Health Agency	469	102	197	170
Long Term Care Center	398	130	137	131
Ambulatory Care/Rural Health	286	51	90	145
Home Health Agency	74	9	15	50
Federally Qualified Health Centers	64	28	29	7
Ambulatory Surgery Center	41	0	0	41
Substance Abuse Treatment	38	9	17	12
College Health Clinic	28	5	0	23
Psychiatric Hospital	0	0	0	0

Question L225

Total of 242 agency surveys asked of Ambulatory Care/Rural Health Centers, Ambulatory Surgical Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers, Home Health Agencies, Hospitals, Long Term Care, Psychiatric Hospitals and Substance Abuse Treatment Agencies.

Table 52. Treatment Rooms, Maine, 2004

How many treatment rooms in your emergency department are equipped for the care of critically injured patients?

Treatment Rooms	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	36	8	19	9
None	0	0	0	0
1 room	2	1	0	1
2-3 rooms	19	5	12	2
More than 3 rooms	9	1	5	3

Question L226

Total of 36 agency surveys asked of Hospitals only.

Table 53. Critically Injured Patients, Maine, 2004

Does your hospital have an operating room available and equipped for the care of critically injured patients 24 hours a day?

Critically Injured Patients	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	36	8	19	9
Yes	27	7	16	4
No	4	0	2	2

Question L227

Total of 36 agency surveys asked of Hospitals only.

Table 54. ICU Equipped for Critically Injured Patients, Maine, 2004

Does your hospital have an ICU equipped for the care of critically injured patients?

ICU Equipment for Critically Injured Patients	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	36	8	19	9
Yes	27	7	15	5
No	4	0	3	1

Question L228

Total of 36 agency surveys asked of Hospitals only.

Table 55. Blood Bank, Maine, 2004

Does your hospital have a blood bank?

Blood Bank	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	36	8	19	9
Yes	28	7	16	5
No	2	0	1	1

Question L229

Total of 36 agency surveys asked of Hospitals only.

Table 56. Surgical Specialists Availability, Maine, 2004

Which of the following surgical specialists are available at your hospital and regularly involved in the care of injured patients? (Please check all that apply)

Surgical Specialists Availability	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	36	8	19	9
General Surgeon	29	7	17	5
Orthopedic Surgeon	25	5	15	5
Urologist	19	5	10	4
Adult Critical Care Specialist	16	4	8	4
Plastic Surgeon	8	3	4	1
Thoracic Surgeon	7	3	2	2
Oral-maxillofacial Surgeon	5	3	1	1
Pediatric Critical Care Specialist	4	0	4	0
Neurosurgeon	4	3	1	0
Pediatric Surgeon	1	0	1	0

Question L230

Total of 36 agency surveys asked of Hospitals only.

Table 57. Written Protocols for Injury Types, Maine, 2004

Does your hospital have written protocols outlining which injury types can and cannot be cared for onsite?

Written Protocols for Injury Types	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	36	8	19	9
Yes	19	5	10	4
No	11	2	7	2

Question L231

Total of 36 agency surveys asked of Hospitals only.

Table 58. Acutely Injured Patients by Departments, Maine, 2004

In the event of a mass-casualty situation, how many acutely injured patients can be cared for simultaneously in the following departments?

Acutely Injured Patients by Departments	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	36	8	19	9
Emergency Department	232	50	136	46
Inpatient Unit	827	74	700	53
Intensive Care Unit	170	32	106	32

Question L231-L234

Total of 36 agency surveys asked of Hospitals only.

Table 59. Written Agreements for Transfer of Injured Patients, Maine, 2004

Does your hospital have written agreements to facilitate the transfer of injured patients to regional Trauma Centers?

Written Agreements for Transfer of Injured Patients	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	36	8	19	9
Yes	21	6	10	5
No	10	1	8	1

Question L235

Total of 36 agency surveys asked of Hospitals only.

Table 60. Bypass Protocol for Emergency Department, Maine, 2004

Does your Emergency Department sanction a bypass protocol to divert injured patients to a regional Trauma Center?

Bypass Protocol for Emergency Department	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	36	8	19	9
Yes	22	6	11	5
No	8	1	6	1

Question L236

Total of 36 agency surveys asked of Hospitals only.

Table 61. Hospital Helipad, Maine, 2004

Does your hospital have a helipad?

Hospital Helipad	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	36	8	19	9
Yes	14	2	9	3
No	15	5	7	3
In Process	2	0	2	0

Question L237

Total of 36 agency surveys asked of Hospitals only.

Table 62. Human Remains Capacity, Maine, 2004

Human Remains Capacity	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	21	5	12	4
How many human remains does your agency have the capacity for storing?	468	68	390	10
How many human remains could your agency process for burial in a 24-hour period?	212	28	134	50
How many vehicles and drivers could your agency provide for transport of human remains in the event of a mass casualty event?	63	12	41	10
Can you cremate? Y/N (Yes responses)	5	0	5	0
If yes, how many human remains could your agency cremate in a 24-hour period?	36	0	36	0

Question L296-299

Total of 21 agency surveys asked of Morticians only.

~~End Trauma & Burn Care~~

X. Behavioral Health and Substance Abuse

The following 6 tables assess current trained staff and existence of behavioral health/substance abuse plans and agreements.

Table 63. Trained Staff for Outreach Crisis Counseling, Maine, 2004

Does your agency have the trained staff available to provide outreach crisis counseling for emotional and mental health services?

Trained Staff for Outreach Crisis Counseling	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	236	62	102	72
Yes	52	15	23	14
No	138	37	59	42

Question L499.00

Total of 236 agency surveys (excluding Ambulatory Surgical Care, EMS, Morticians, Retail Pharmacies, School Nurses and Veterinarians).

Table 64. Trained Staff Count for Outreach Crisis Counseling, Maine, 2004

If yes, as of today, how many trained staff are available to provide outreach crisis counseling services following a traumatic event?

Trained Staff Count for Outreach Crisis Counseling	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	236	62	102	72
Agency staff	1,196	210	344	642
Of this number, how many are licensed mental				
health staff?	566	83	192	291

Question L499.01

Total of 236 agency surveys (excluding Ambulatory Surgical Care, EMS, Morticians, Retail Pharmacies, School Nurses and Veterinarians).

Table 65. Written Plan for Emotional and Mental Health Needs, Maine, 2004

Are emotional and mental health needs addressed in your agency plan for each of the following groups of people? (Please check all that apply)

Written Plan for Emotional and Mental Health Needs	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	236	62	102	72
Staff	58	14	30	14
Victims	37	7	21	9
Family of victims	31	6	16	9
Children of staff	26	9	13	4
Community members living with existing mental health disorders	25	7	8	10
Community members in substance abuse treatment	21	5	8	8
Elder of staff	19	8	6	5
General public	17	5	7	5
Emergency responders	17	3	10	4
Homebound/physically disabled	15	3	7	5
Community members in jail or prison	12	2	5	5

Question L500.00

Total of 236 agency surveys (excluding Ambulatory Surgical Care, EMS, Morticians, Retail Pharmacies and Veterinarians).

Table 66. Written Agreement with other Agencies for Crisis Counseling, Maine, 2004

Does your agency have a written, formal agreement with other agencies for crisis counseling for emotional and mental health services for the following groups?

(Please check all that apply)

Written Agreement with other Agencies for Crisis Counseling	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	236	62	102	72
Victims	25	8	11	6
Family of victims	19	6	8	5
Hospital staff	19	5	10	4
Community members with existing mental disorders	19	7	8	4
Community members in substance abuse treatment	16	6	4	6
General public	13	4	4	5
Emergency responders	12	4	6	2
Mentally retarded/ developmentally delayed	9	3	2	4
Community members in jail or prison	9	3	1	5
Homebound/physically disabled	3	1	0	2

Question L501.00

Total of 236 agency surveys (excluding Ambulatory Surgical Care, EMS, Morticians, Retail Pharmacies, School Nurses and Veterinarians).

Table 67. Written Plan for Substance Abuse Treatment Services, Maine, 2004

Does your plan address delivery of substance abuse treatment services in response to a large-scale disaster? (Please check all that apply)

Written Plan for Substance Abuse Treatment Services	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	236	62	102	72
Community members in treatment	9	4	2	3
Members of the general public	6	5	0	1
Community members on treatment waiting				
list	5	2	1	2
Community members in jail or prison	4	1	1	2
Community members in Methadone				
maintenance treatment	2	1	0	1

Question L504.00

Total of 236 agency surveys (excluding Ambulatory Surgical Care, EMS, Morticians, Retail Pharmacies, School Nurses and Veterinarians).

Table 68. Mental Health/Substance Abuse Memorandum of Agreement, Maine, 2004

Do you have memorandum of agreement with local mental health/substance abuse agencies to provide needed crisis counseling services following a traumatic event?

Mental Health/Substance Abuse Memorandum of Agreement	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	242	63	102	77
Yes	45	12	18	15
No	131	32	57	42

Question L221

Total of 242 agency surveys (excluding EMS, Morticians, Retail Pharmacies, School Nurses and Veterinarians).

~~End of Behavioral Health and Substance Abuse ~~

XI. Communication Equipment

Tables 69-77 assess communication equipment, infrastructure, communication plans and agreements.

Table 69. Computer Count, Maine, 2004

How many of the following computers are used in your agency?

Computer Count	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	203	54	82	67
Desktop Computers	5,330	695	1,239	3,396
Laptop Computers	619	68	245	306
Personal digital assistants-PDAs	319	81	44	194

Question L301.04-L301.06

Total of 203 agency surveys asked of, Ambulatory Care/Rural Health Centers, Ambulatory Surgical Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers, Home Health Agencies, Long Term Care, Substance Abuse Treatment Agencies.

Table 70. Internet Access Type, Maine, 2004

What type of Internet access does your agency have? (Please check only one)

Internet Access Type	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	242	63	102	77
None-my agency doesn't have Internet access	14	7	6	1
Wireline/landline	120	23	58	39
Wireless	9	1	6	2
Both wireline and wireless	22	7	6	9
Don't know/Not sure	10	4	5	1

Question L304.00

Total of 242 agency surveys asked of Ambulatory Care/Rural Health Centers, Ambulatory Surgical Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers, Home Health Agencies, Hospitals, Long Term Care, Psychiatric Hospitals and Substance Abuse Treatment Agencies.

Table 71. Internet Access, Maine, 2004

If you do have access, how does your agency connect with the Internet? (Please check all that apply)

Internet Access	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	242	63	102	77
Continuous connection	122	29	48	42
Dial up access	52	13	31	8
Don't know/Not sure	12	4	6	2

Question L304.02

Total of 242 agency surveys asked of, Ambulatory Care/Rural Health Centers, Ambulatory Surgical Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers, Home Health Agencies, Hospitals, Long Term Care, Psychiatric Hospitals and Substance Abuse Treatment Agencies.

Table 72. Bandwidth Connection, Maine, 2004

What bandwidth does your agency use to connect to the Internet?

Bandwidth Connection	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	242	63	102	77
Less than 364 kilobytes/second	12	2	8	2
364 kilobytes/second or more	64	8	28	28
Don't know/Not sure	82	23	37	22

Question L304.03

Total of 242 agency surveys asked of, Ambulatory Care/Rural Health Centers, Ambulatory Surgical Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers, Home Health Agencies, Hospitals, Long Term Care, Psychiatric Hospitals and Substance Abuse Treatment Agencies.

Table 73. Internet Browser Type, Maine, 2004

What browser does your agency use MOST FREQUENTLY to search/browse the Internet? (Please check only one)

Internet Browser Type	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	242	63	102	77
Microsoft Internet Explorer	156	37	71	48
Netscape Navigator	7	1	4	2
AOL	6	1	1	4

Question L304.04

Total of 242 agency surveys asked of, Ambulatory Care/Rural Health Centers, Ambulatory Surgical Centers, College Health Centers, Community Mental Health Agencies, Federally Qualified Health Centers, Home Health Agencies, Hospitals, Long Term Care, Psychiatric Hospitals and Substance Abuse Treatment Agencies.

Table 74. Communication Technology Type Sorted by Region, Maine, 2004

Which of the following types of communications technology are available at your agency?

<u> </u>				
Communication Technology Type	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	379	98	157	124
Voice mail	177	41	70	66
Conferencing calling	173	37	75	61
Audio conferencing	71	13	35	23
Videostreaming	50	13	19	18
Video conferencing	47	7	29	11
Teleconferencing	42	7	21	14
Satellite uplink	9	1	7	1
None of the above	81	25	37	19
Other	17	0	11	7
24 hr answering service	1	0	1	0
6 cell phones	1	0	1	0
Pager	1	0	1	0
Telephone	2	0	1	1
TTY answering	1	0	0	1
WebEx	1	0	1	0
Email	4	0	1	3
FAXFAX/email	1	0	0	1
High speed internet connection & FAX	1	0	0	1
Internet-email	1	0	1	0
Pager-cell phone	1	0	1	0
Phone & email	1	0	1	0
Telemedicine	1	0	1	0
- Come and the	1	0	1	0

Question L305

Total of 379 agency surveys (excluding School Nurses).

Table 74A. Communication Technology Types by Respondent Category, Maine, 2004

Which of the following types of communications technology are available at your agency?

Communication Technology Type	Total	AC	ASC	COL	СМНА	EMS	FQHC	ННА	HOS	LTC	MOR	PH	RP	SATA	VET
Total Surveys Rec'd	379	81	6	5	24	73	11	12	36	53	21	3	8	11	35
Voice mail	177	29	3	4	14	37	6	9	29	21	5	2	4	6	8
Conference calling	173	30	3	4	13	24	5	9	29	28	10	2	4	5	7
Audio conferencing	71	13	0	1	6	2	4	5	22	11	1	2	1	1	2
Teleconferencing	42	6	0	2	2	6	2	4	14	2	0	2	1	1	0
Video conferencing	47	5	1	0	3	2	2	2	22	5	0	2	1	2	0
Video streaming	50	5	0	1	4	10	1	3	14	6	1	0	3	1	1
Satellite uplink	9	1	0	0	0	0	1	0	5	0	0	1	0	1	0
None of the above	81	19	0	0	3	22	0	0	0	8	5	0	3	1	20
Other	17	0	0	0	1	6	0	0	2	1	5	0	1	0	1
24 hr answering serv	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
6 cell phones	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Pager	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Telephone	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0
TTY answering	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
WebEx	3	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Email	1	0	0	0	0	3	0	0	0	1	0	0	0	0	0
Fax	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Fax/email	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0
High speed internet	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Internet – email	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Pager-cell phones	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Phone & email	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Telemedicine	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0

Question L305

Total of 379 agency surveys asked of Ambulatory Care/Rural Health Centers (AC), Ambulatory Surgical Centers (ASC), College Health Centers (COL), Community Mental Health Agencies (CMHA), EMS, Federally Qualified Health Centers (FQHC), Home Health Agencies (HHA), Hospitals (HOS), Long Term Care (LTC), Morticians (MOR), Psychiatric Hospitals (PH), Retail Pharmacies (RP), Substance Abuse Treatment Agencies (SATA) and Veterinarians (VET).

Table 75. Communication Technology Count, Hospitals & Psychiatric Hospitals, Maine, 2004 NOTE: - indicates no answer was given. (Numbers reflect the number of agencies that checked the answer shown at the left)

snown at the left)							
Communication Technology Count	Satellite Phone	Alpha Pager	Numeric Pager	Cell Phone	Radio – APCO25 compliant	Blackberry or other 2- way pager	Other radios
		entral Re					
Bridgton Hospital	0	<10	25+	0	0	0	<10
Central Maine Medical Center	0	25+	25+	25+	0	0	11-24
Franklin Memorial Hosp	0	11-24	25+	25+	<10	0	11-24
Inland Hospital	-	-	-	-	-	-	-
MaineGeneral Medical Center	0	25+	25+	25+	0	0	25+
Riverview Psychiatric Hospital	-	-	-	-	-	-	-
Rumford Hospital	0	<10	<10	0	0	0	<10
St. Mary's Regional Med Center	0	25+	11-24	25+	0	0	25+
Stephen's Memorial Hospital	0	25+	25+	25+	-	0	11-24
	E	astern Re					
Bangor Mental Health Institute	0	<10	25+	<10	0	0	11-24
Blue Hill Memorial Hospital	-	-	-	-	-	-	-
CA Dean Memorial Hosp	0	11-24	11-24	11-24	<10	0	<10
Calais Hospital	0	0	25+	0	<10	0	<10
Cary Medical Center	0	25+	25+	11-24	0	0	<10
Down East Community Hosp	0	0	11-24	0	0	0	<10
Eastern Maine Medical Center	<10	25+	25+	25+	25+	0	25+
Houlton Regional Hospital	0	25+	25+	11-24	0	0	<10
Maine Coast Memorial Hospital	0	25+	25+	11-24	0	0	11-24
Mayo Regional Hospital	0	25+	25+	<10	<10	0	-
MDI Hospital	0	0	25+	11-24	0	0	<10
Millinocket Regional Hospital	0	<10	25+	0	0	0	0
Northern Maine Medical Center	0	11-24	25+	<10	0	0	<10
Penobscot Bay Medical Center	0	11-24	25+	11-24	0	0	11-24
Penobscot Valley Hospital	0	0	25+	<10	0	0	<10
Redington-Fairview Gen Hospital	0	<10	11-24	0	0	0	11-24
Sebasticook Valley Hospital	0	0	25+	<10	-	0	11-24
St. Joseph Hospital	-	-	-	-	-	-	-
The Aroostook Medical Center	0	0	25+	25+	0	<10	11-24
Waldo County General Hospital	-	25+	25+	11-24	<10	0	<10
	Sc	outhern R	egion				
H.D. Goodall Hospital	-	-	-	-	-	-	-
Maine Medical Center	25+	25+	25+	25+	25+	25+	25+
Mercy Hospital	-	-	-	-	-	-	-
Mid Coast Hospital	0	<10	25+	11-24	0	0	11-24
Miles Memorial Hospital	-	-	-	-	-	-	-
Parkview Adventist Med Center	0	0	25+	25+	<10	<10	0
Southern Maine Medical Center	0	25+	25+	11-24	0	0	11-24
Spring Harbor Hospital	0	11-24	25+	11-24	0	0	11-24
St. Andrews Hospital	0	25+	25+	25+	0	0	<10
York Hospital	25+	25+	25+	25+	<10	<10	0
Question L306							

Question L306
Total of 39 agency surveys Hospitals and Psychiatric Hospitals only

Table 75A. Communication Technology Count by Respondent Category, Maine, 2004 How many of the following are available at your agency?

NOTE: Numbers reflect the number of agencies that checked the answer shown at the left.

Communication Technology Count	Total	AC	ASC	COL	СМНА	EMS	FQHC	нна	HOS	LTC	PH	SATA
Total Survey s Rec'd	315	81	6	5	24	73	11	12	36	53	3	11
					Satellite P	hone						
None	233	55	3	4	16	67	5	7	27	40	2	7
Less than 10	11	3	0	0	1	3	1	2	1	0	0	0
11-24	1	0	0	0	0	0	1	0	0	0	0	0
25 or more	3	1	0	0	0	0	0	0	2	0	0	0
					Alpha Pa	ager						
None	151	41	4	3	10	35	6	6	7	33	0	6
Less than 10	43	12	0	1	3	15	0	0	5	6	1	0
11-24	19	1	0	0	3	7	0	0	5	1	1	1
25 or more	32	4	0	0	2	9	0	3	14	0	0	0
					Numeric F							
None	77	19	1	2	5	34	1	0	0	11	0	4
Less than 10	96	30	3	1	6	23	3	1	1	26	0	2
11-24	23	5	0	1	1	5	2	3	4	1	0	1
25 or more	49	3	0	0	6	7	0	5	26	0	2	0
					Cell Pho							
None	50	17	0	0	1	7	2	3	6	12	0	2
Less than 10	141	39	2	3	6	51	3	1	4	26	1	5
11-24	30	0	1	0	4	12	1	0	10	1	1	0
25 or more	30	3	0	1	7	2	1	5	11	0	0	0
				Rad	io-APCO25	compliant						
None	186	53	4	4	17	31	5	9	20	35	2	6
Less than 10	29	4	0	0	0	15	0	0	7	2	0	1
11-24	8	0	0	0	0	8	0	0	0	0	0	0
25 or more	6	0	0	0	0	4	0	0	2	0	0	0
				Blackbe	erry or othe	r 2-way pa	ger					
None	219	56	4	3	16	54	6	9	27	36	2	6
Less than 10	14	1	0	1	1	5	0	0	3	2	0	1
11-24	1	0	0	0	0	1	0	0	0	0	0	0
25 or more	4	0	0	0	0	3	0	0	1	0	0	0

Table 75A. Communication Technology Count by Respondent Category, Maine, 2004 (Cont)

Communication Technology Count	Total	AC	ASC	COL	СМНА	EMS	FQHC	нна	HOS	LTC	PH	SATA
					Other ra	idio						
None	122	46	4	2	14	11	5	8	3	25	0	4
Less than 10	60	10	0	1	3	17	1	1	12	12	0	3
11-24	42	1	0	1	0	25	0	0	11	2	2	0
25 or more	18	0	0	0	0	14	0	0	4	0	0	0

Question L306

Total of 315 agency surveys asked of Ambulatory Care/Rural Health (AC) Centers, Ambulatory Surgical Centers (ASC), College Health Centers (COL), Community Mental Health Agencies (CMHA), EMS, Federally Qualified Health Centers (FQHC), Home Health Agencies (HHA), Hospitals (HOS), Long Term Care Centers (LTC), Psychiatric Hospitals (PH) and Substance Abuse Treatment Agencies (SATA).

Table 76. Written Plans for Special Populations Sorted by Region, Maine, 2004

Have you developed written plans, policies and procedures to assure vital health information is communicated to "special populations" served by your agency, including: (Please check all that apply)

Written Plans for Special Populations	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	343	90	143	110
Deaf/hard of hearing	78	18	34	26
Elderly persons	72	18	35	19
Non-English speaking/reading persons	68	20	28	20
Chronically ill patients requiring ongoing				
medical re-supply	52	13	24	15
Persons with serious mental illness	42	14	16	12
Children	42	11	19	12
People in substance abuse treatment	33	7	16	10
Dialysis patients	31	12	8	11
Homeless persons	24	6	9	9
Homebound persons	20	5	8	7
Migrant/seasonal farm workers	17	4	9	4
Recent Immigrants/refugees	11	4	1	6

Question L314

Total of 343 agency surveys (excluding Morticians and Veterinarians). *Includes data from NorDx Laboratories.

Table 76A. Written Plans for Special Populations Sorted by Respondent Category, Maine, 2004

Have you developed written plans, policies and procedures to assure vital health information is communicated to "special populations" served by your agency,

including: (Please check all that apply)

Written Plans for Special Populations	Total	AC	ASC	COL	СМНА	EMS	FQHC	нна	HOS	LTC	РН	RP	SATA	SCH RN
Total Agency Surveys Received	342	81	6	5	24	73	11	12	36	53	3	8	11	19
Deaf/hard of hearing	78	13	2	0	7	5	3	4	19	17	2	1	2	3
Elderly persons	72	9	1	0	3	7	3	5	10	31	1	0	2	0
Non-English speaking/reading														
persons	68	12	2	0	5	2	4	5	20	13	1	1	1	2
Chronically ill patients requiring														
ongoing medical re-supply	52	8	1	0	0	3	4	6	9	18	0	1	1	1
Persons with serious mental illness	42	4	0	0	8	2	3	4	7	8	3	1	1	1
Children	42	9	1	0	3	4	3	5	9	3	0	0	2	3
People in substance abuse treatment	33	5	0	0	4	0	3	1	8	3	2	0	7	0
Dialysis patients	29	4	0	0	0	1	0	5	4	13	0	1	1	0
Homeless persons	24	3	0	0	4	1	1	1	4	4	1	0	2	3
Homebound persons	19	2	0	0	2	1	1	6	3	2	0	0	2	0
Migrant/seasonal farm workers	17	3	0	0	0	3	1	1	5	1	0	0	2	1
Recent Immigrants /refugees	11	3	0	0	0	0	1	1	3	0	0	0	2	1

Question L314

Total of 342 agency surveys asked of Ambulatory Care/Rural Health (AC) Centers, Ambulatory Surgical Centers (ASC), College Health Centers (COL), Community Mental Health Agencies (CMHA), EMS, Federally Qualified Health Centers (FQHC), Home Health Agencies (HHA), Hospitals (HOS), Long Term Care Centers (LTC), Psychiatric Hospitals (PH), Retail Pharmacies (RP), Substance Abuse Treatment Agencies (SATA) and School Nurses (SCH RN).

Table 77. Written Policy for Large Volume of Calls Sorted by Region, Maine, 2004

If your agency is involved in responding to an emergency, do you have a policy and procedure in place to manage a large volume of calls regarding affected persons' location and health status?

Written Policy for Large Volume of Calls	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	261	69	110	82
Yes	131	36	54	41
No	44	11	20	13
In process	10	2	5	3

Table 77A. Written Policy for Large Volume of Calls Sorted by Respondent Category, Maine, 2004

Written Policy for Large Volume of Calls	Total	AC	ASC	COL	СМНА	FQHC	нна	HOS	LTC	PH	SATA	SCH RN
Total Surveys Rec'd	261	81	6	5	24	11	12	36	53	3	11	19
Yes	131	54	3	1	13	7	5	8	31	1	7	1
No	44	5	0	0	3	0	2	20	6	2	2	4
In Process	10	1	0	2	1	2	0	2	1	0	1	0

Question L316

Total of 261 agency surveys asked of Ambulatory Care/Rural Health (AC) Centers, Ambulatory Surgical Centers (ASC), College Health Centers (COL), Community Mental Health Agencies (CMHA), Federally Qualified Health Centers (FQHC), Home Health Agencies (HHA), Hospitals (HOS), Long Term Care Centers (LTC), Psychiatric Hospitals (PH), Substance Abuse Treatment Agencies (SATA) and School Nurses (SCH RN)

~~End Redundant Communication~~

XII. Mutual Aid Plan for EMS

The following 9 tables measure EMS current transport equipment and response capacity.

Table 78. Transporting Ambulances, Maine, 2004

Transporting Ambulances	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	73	20	32	21
How many transporting ambulances does your				
agency operate with normal staffing?	116	23	65	28
How many additional transporting ambulances				
could your region operate with call back or				
other additional personnel within 30 minutes?	296	60	101	135

Question L400.00-401.00

Total of 73 agency surveys asked of EMS only.

Table 79. Primary Ambulance Service, Maine, 2004

Do you contract out or receive primary ambulance service from another provider?

Primary Ambulance Service	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	73	20	32	21
Yes	25	10	9	6
No	45	9	21	15
If yes to the above question, how many transporting ambulances are dedicated to or stationed in your agency?	50	10	32	8

Question L402.00- L402.01

Total of 73 agency surveys asked of EMS only

Table 80. Dedicated Ambulances, Maine, 2004

If yes to the above questions, how many transporting ambulances are dedicated to or stationed in your agency?

Dedicated Ambulances	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	73	20	32	21
None	5	2	0	3
1-5 additional ambulances	22	9	9	4
6-10 additional ambulances	1	0	1	0
More than 10 ambulances	1	0	0	1
Don't know/Not sure	2	1	1	0

Question L402.02

Total of 73 agency surveys asked of EMS only.

Table 81. Additional Ambulances, Maine, 2004

If yes to the above question, how many additional ambulances could this provider supply to your agency if needed within 30 minutes?

Additional Ambulances	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	73	20	32	21
None	6	1	2	3
1-5 additional ambulances	18	8	6	4
6-10 additional ambulances	7	2	4	1
More than 10 ambulances	0	0	0	0
Don't know/Not sure	3	1	2	0

Question L402.03

Total of 73 agency surveys asked of EMS only.

Table 82. Ambulance - Additional Capacity, Maine, 2004

How many other cities/towns rely on the same ambulances for additional capacity?

Ambulance - Additional Capacity	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	73	20	32	21
None	8	0	5	3
1-3 cities/towns	14	2	8	4
4-6 cities/towns	13	6	5	2
More than 6 cities/towns	14	6	6	2
Don't know/Not sure	3	2	1	0

Question L402.04

Total of 73 agency surveys asked of EMS only.

Table 83. Ambulance Stockpile of Medical Supplies, Maine, 2004

Does your ambulance service have a stockpile of additional medical supplies to treat victims involved in a multi-casualty incident?

Ambulance Stockpile of Medical Supplies	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	73	20	32	21
Yes	58	17	26	15
No	13	3	4	6

Question L403.00

Total of 73 agency surveys asked of EMS only.

Table 84. Ambulance Stockpile Count, Maine, 2004

If yes, how many people can these supplies treat?

Ambulance Stockpile Count	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	73	20	32	21
Less than 15 people	27	5	14	8
15-25 people	23	8	8	7
26-50 people	5	2	3	0
More than 50 people	1	0	1	0
Don't know/Not sure	4	2	2	0

Question L403.01

Total of 73 agency surveys asked of EMS only.

Table 85. Dispatch Communication, Maine, 2004

Who do you have dispatch communication with? (Please check all that apply)

Dispatch Communication	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	73	20	32	21
Fire department	58	14	25	19
Emergency medical services	51	12	21	18
Police department	48	12	19	17
County sheriff department	48	16	21	11
Other ambulance providers	44	9	22	13
Hospitals	40	8	19	13
Emergency management agency	31	9	10	12
Local public health agency	7	1	4	2

Question L407.00

Total of 73 agency surveys asked of EMS only.

Table 86. EMS Mutual Aid Agreements, Maine, 2004

Does your agency have mutual aid agreements in place with other EMS agencies to support delivery of EMS services if you need to respond to a surge in demand for service?

EMS Mutual Aid Agreements	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	73	20	32	21
Yes, written agreements	47	13	24	10
Yes, but only informal verbal agreements	19	7	3	10
No	4	1	3	0

Question L108.00

Total of 73 surveys surveys asked of EMS only.

~~ End Mutual Aid Plan for EMS~~

XIII. Existing Plan Components

The following 12 tables assess emergency plan components, procedures, role definition, and exercise schedule.

Table 87. Written Plans and Procedures Sorted by Region, Maine, 2004

Does your agency have officially adopted, written plans and procedures so it can respond to events or accidents involving the following?

Written Plans and Procedures	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	378	99	153	126
Natural disasters	164	47	64	53
Chemical agents	157	39	62	56
Biological/infectious disease outbreak	129	30	57	42
Explosives	92	23	37	32
Radiological agents	82	19	35	28
Water contamination agents	79	15	35	29
Food contamination agents	74	17	31	26
School or bus crisis or emergency	69	15	26	28
Nuclear agents	54	15	18	21

Table 87A. Written Plans and Procedures Sorted by Respondent Category, Maine, 2004

						0 1	, ,								
Written Plans and Procedures	Total	AC	ASC	COL	СМНА	EMS	FQHC	нна	HOS*	LTC	РН	RP	SATA	SCH RN	VET
Total Surveys Received	378	81	6	5	24	73	11	12	37	53	3	8	11	19	35
Natural disasters	163	16	2	1	15	36	2	5	31	37	3	2	6	4	3
Chemical agents	157	23	1	1	9	33	2	4	28	25	2	2	3	7	17
Biological/infectious disease															
outbreak	129	20	2	0	7	26	2	4	30	21	2	2	4	4	5
Explosives	92	11	0	0	5	23	1	3	21	16	3	1	1	4	3
Radiological agents	82	10	0	0	2	23	1	1	28	1	0	2	2	1	11
Water cont agents	80	13	0	0	6	14	0	2	16	19	3	2	2	2	1
Food cont agents	75	10	0	0	7	9	1	2	15	19	3	2	3	3	1
School/bus crisis/emerg.	69	6	0	1	4	32	1	1	15	0	0	0	2	7	0
Nuclear agents	54	7	0	0	2	18	0	2	18	2	1	1	1	0	2

Question L103

Total of 378 agency surveys asked of Ambulatory Care/Rural Health (AC) Centers, Ambulatory Surgical Centers (ASC), College Health Centers (COL), Community Mental Health Agencies (CMHA), EMS, Federally Qualified Health Centers (FQHC), Home Health Agencies (HHA), Hospitals (HOS), Long Term Care Centers (LTC), Psychiatric Hospitals (PH), Retail Pharmacies (RP), Substance Abuse Treatment Agencies (SATA), School Nurses (SCH_RN) and Veterinarians (VET). *Includes data from NorDx Laboratories

Table 88. Written Plans and Procedures to Respond to Deaths, Maine, 2004

Does your agency have officially adopted, written plans and procedures so it can respond to deaths involving...(Please check all that apply)

Written Plans and Procedures to Respond to Deaths	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	21	5	12	4
Biological/infectious disease outbreak	6	2	4	0
Natural disasters	5	0	5	0
Chemical agents	3	1	2	0
Radiological agents	2	0	2	0
Nuclear agents	2	0	2	0
Explosives	2	0	2	0

Question L103.10

Total of 21 agency surveys asked of Morticians only

Table 89. Defined Roles Sorted by Region, Maine, 2004

Does your agency's emergency plan clearly define the role of, authority of and collaboration with each of the following entities within your community?

Defined Roles	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	270	70	111	89
NA, don't have emergency plan	59	11	26	22
Hospitals	94	27	43	24
EMS	87	22	37	28
Law enforcement	83	21	34	28
Bureau of Health	63	15	27	21
Municipal EMA	61	16	24	21
County EMA	52	11	26	15
State EMA	44	12	19	13
Schools	38	11	21	6
Volunteers	38	6	17	15
Regional Epi & Regional PH Medical Officers	33	7	15	11
Pharmacists	31	7	15	9
Mental health provider	29	7	14	8
Public transportation	21	5	9	7
Community health center	21	4	12	5
Funeral homes	18	5	9	4
Aging & senior citizens	7	1	3	3
Animal control	3	0	1	2
Local veterinarians	1	0	1	0

Question L104.A0

Total of 270 agency surveys (excluding EMS, Morticians and Veterinarians). *Includes data from NorDx Laboratories.

Table 89A. Defined Roles Sorted by Respondent Category, Maine, 2004

Does your agency's emergency plan clearly define the role of, authority of, and collaboration with each of the following entities within your community? (Please

check all that apply) Sorted by Respondent Category

Defined Roles	Total	AC	ASC	COL	СМНА	FQHC	ННА	HOS*	LTC	РН	RP	SATA	SCH RN
Total Agency Surveys Recd	270	81	6	5	24	11	12	37	53	3	8	11	19
Not applicable, don't have emergency													
plan	59	41	3	0	4	2	0	1	1	0	3	3	1
Hospitals	94	17	1	0	7	3	4	26	27	3	1	3	2
EMS	87	10	0	2	5	3	4	26	25	2	1	5	4
Law enforcement	83	12	0	1	8	0	3	24	20	2	2	7	4
Bur of Health	63	8	0	1	5	1	3	25	13	1	0	3	3
Municipal EMA	61	6	1	1	8	1	3	20	14	1	0	3	3
County EMA	52	6	0	0	2	0	4	28	8	2	0	2	0
State EMA	44	5	0	0	4	1	3	18	8	2	0	3	0
Schools	38	4	0	0	2	1	0	8	17	0	0	1	5
Volunteers	38	6	0	0	2	0	3	17	5	2	0	1	2
Regional Epi &RPHMO	33	6	0	0	1	0	1	16	7	0	0	1	1
Pharmacists	31	4	0	0	2	2	0	7	12	1	2	1	0
Mental health provider	29	4	0	0	3	1	2	6	4	2	0	4	3
Public transportation	21	3	0	0	0	0	0	4	10	1	1	1	1
Community health Ctr	21	3	0	0	1	1	2	6	4	0	0	2	2
Funeral homes	18	2	0	0	0	0	0	7	7	1	0	1	0
Aging/senior citizens	7	3	0	0	0	0	0	3	1	0	0	0	0
Animal control	3	1	0	0	0	0	0	1	0	0	0	0	1
Local veterinarians	1	0	0	0	0	0	0	1	0	0	0	0	0

Question L104.A0

Total of 270 agency surveys asked of Ambulatory Care/Rural Health (AC) Centers, Ambulatory Surgical Centers (ASC), College Health Centers (COL), Community Mental Health Agencies (CMHA), Federally Qualified Health Centers (FQHC), Home Health Agencies (HHA), Hospitals (HOS), Long Term Care Centers (LTC), Psychiatric Hospitals (PH), Retail Pharmacies (RP), Substance Abuse Treatment Agencies (SATA), and School Nurses (SCH_RN). *Includes data from NorDx Laboratories

Table 90. Frequency of Exercises and Drills Sorted by Region, Maine, 2004

How often does your agency conduct exercises (e.g., tabletops, drills) testing your emergency plan?

Frequency of Exercises and Drills	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	335	89	142	104
At least once a month	25	7	11	7
At least once a quarter	34	12	13	9
Semi-annually	41	8	17	16
At least once a year	55	20	23	12
Less than once a year	57	15	24	18
Don't know/Not sure	38	10	18	10

Table 90A. Frequency of Exercises and Drills Sorted by Respondent Categories, Maine, 2004

Frequency of Exercises and Drills	Total	AC	ASC	COL	СМНА	EMS	FQHC	нна	HOS*	LTC	РН	SATA	SCH RN
Total Agency Surveys Recd	335	81	6	5	24	73	11	12	37	53	3	11	19
At least once a month	25	1	0	0	3	4	0	0	0	15	0	2	0
At least once a quarter	34	8	4	0	4	1	2	0	1	10	0	4	0
Semi-annually	41	7	0	0	1	3	0	1	23	3	2	0	1
At least once a year	55	3	1	1	3	29	0	3	6	5	1	1	2
Less than once a year	57	10	0	0	5	23	3	2	4	8	0	1	1
Don't know/Not sure	39	19	0	1	6	5	2	1	0	1	0	1	3

Question L105.00

Total of 335 agency surveys asked of Ambulatory Care/Rural Health (AC) Centers, Ambulatory Surgical Centers (ASC), College Health Centers (COL), Community Mental Health Agencies (CMHA), EMS, Federally Qualified Health Centers (FQHC), Home Health Agencies (HHA), Hospitals (HOS), Long Term Care Centers (LTC), Psychiatric Hospitals (PH), Substance Abuse Treatment Agencies (SATA), School Nurses (SCH_RN). *Includes data from NorDx Laboratories

Table 91. Contact Information Sorted by Region, Maine, 2004

For which of the following organizations does your emergency plan include contact information?

Contact Information	Total	Central Region	Eastern Region	Southern Region*
Total Agency Surveys Received	335	89	142	104
Hospitals	133	39	56	38
Bureau of Health	69	18	30	21
County/Town Emergency Mgmt Committee	66	19	29	18
State EMA	55	15	26	14
Nursing care facilities	51	14	25	12
Long term care	41	15	14	12
Community health centers	37	10	16	11
Inpatient substance abuse programs	28	7	10	11
Day care centers	10	1	7	2
None of the above	67	20	27	20

Table 91A. Contact Information Sorted by Respondent Categories, Maine, 2004

				0		,								
Contact Information	Total	AC	ASC	COL	СМНА	FQHC	ННА	HOS*	LTC	MOR	PH	SATA	SCH_RN	VET
Total Agency Surveys Recd	335	81	6	5	24	73	11	12	37	53	3	11	19	
Hospitals	133	29	3	0	7	3	3	32	28	4	3	7	4	10
Bureau of Health	69	10	0	0	4	3	2	27	14	0	1	2	1	5
County/Town Emergency														
Management Committee	66	5	1	1	2	4	2	27	17	1	0	3	2	1
State EMA	55	3	0	0	4	2	4	26	10	0	0	2	1	3
Nursing care facilities	51	9	0	0	1	2	2	15	19	2	0	0	0	1
Long term care	41	5	0	0	2	1	3	9	19	2	0	0	0	0
Community health Ctr	37	5	0	0	4	3	1	9	5	1	0	3	3	3
Inpatient substance abuse														
programs	28	2	0	0	5	1	0	10	0	1	1	5	2	1
Day care centers	10	1	0	0	0	1	1	3	1	2	0	0	1	0
None of the above	67	24	2	0	7	3	0	0	2	12	0	2	3	12

Question L107

Total of 335 agency surveys asked of Ambulatory Care/Rural Health (AC) Centers, Ambulatory Surgical Centers (ASC), College Health Centers (COL), Community Mental Health Agencies (CMHA), Federally Qualified Health Centers (FQHC), Home Health Agencies (HHA), Hospitals (HOS), Long Term Care Centers (LTC), Morticians (MOR), Psychiatric Hospitals (PH), Substance Abuse Treatment Agencies (SATA), School Nurses (SCH_RN), Veterinarians (VET).

*Includes data from NorDx Laboratories

Table 92. Written Agreement to Participate in Regional Disaster Plan Sorted by Region, Maine, 2004

Does your agency have a formal, written agreement indicating it is a participant in the Regional Disaster Plan?

Written Agreement to Participate in Regional Disaster Plan	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	261	69	110	82
Yes	25	5	12	8
No	179	51	72	56

Table 92A. Written Agreement to Participate in Regional Disaster Plan Sorted by Respondent Category, Maine, 2004

Written Agreement to Participate in Regional Disaster Plan	Total	AC	ASC	COL	СМНА	FQHC	ННА	HOS	LTC	PH	SATA	SCH RN
Total Agency Surveys Received	261	81	6	5	24	11	12	36	53	3	11	19
Yes	25	1	0	1	2	2	2	12	2	2	1	0
No	179	63	5	2	19	8	4	21	40	1	9	7

Question L319

Total of 261 agency surveys asked of Ambulatory Care/Rural Health (AC) Centers, Ambulatory Surgical Centers (ASC), College Health Centers (COL), Community Mental Health Agencies (CMHA), Federally Qualified Health Centers (FQHC), Home Health Agencies (HHA), Hospitals (HOS), Long Term Care Centers (LTC), Psychiatric Hospitals (PH), Substance Abuse Treatment Agencies (SATA), School Nurses (SCH_RN).

Table 93. Mortician Mutual Aid Agreements, Maine, 2004

Does your agency have mutual aid agreements in place with other morticians to provide services if you need to respond to a surge in demand for service?

Mortician Mutual Aid Agreement	Total	Central Region	Eastern Region	Southern Region
Total Agency Surveys Received	21	5	12	4
Yes, written agreements	0	0	0	0
Yes, but only informal verbal agreements	15	5	7	3
No	3	0	2	1

Question L108.01

Total of 21 surveys surveys asked of Morticians only.

~~End Plan Components~~

The Office of Public Health Emergency Preparedness, Bureau of Health, Maine Department of Health and Human Services gratefully acknowledges the following 398 agencies that participated in the **Survey for Regional Health System Emergency Response Planning** over the summer of 2004. Without their dedication, this report would not have been possible.

Ridgton Health & Residential Care Center Bridgton Capital Family Practice PA Augusta China Health Center South China CMMC-FPR Lewiston Dale D. Bardo, M.D. Fairfield Family Practice Fryeburg Gardiner Health Care Center Gardiner Hallowell Family Practice Hallowell Kennebec Medical Associates Waterville Kurt M. Oswald, MD Auburn Lakeside Family Practice Bridgton Linda Kenistron-Dubocq, MD Waterville Maine Migrant Health Program Augusta Margaret Mathews, MD Auburn Mary Nash MD Fryeburg Oxford Hills Family Practice Oxford Hills Paul Wooden MD Famington Silvermount Womens Healthcare Waterville Three Rivers Family Practice Waterville Ambulatory Surgical Centers Wolf Eye Associates, P.A. (ASC) Lewiston Community Mental Health Aencies Common Ground Counseling, LLC Norway Community Correctional Alternatives Farmington	2004. Without their dedication, this report would not have been possible.		
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Common Ground Counseling, LLC Norway Community Correctional Alternatives Farmington			
Community Correctional Alternatives Farmington			
Crisis & Counseling Center Augusta			
Good Will – Hinckley Hinckley			
National Alliance for the Mentally III of Maine Augusta			
Rumford Group Homes Rumford			
Tri-county Mental Health Services Lewiston			
Victorian Villa Canton	Victorian Villa	Canton	

Appendix A. List of Participating Agencies, by Region, by Group, Maine, 2004 (Cont)		
EN	NS	
Auburn Fire Department	Auburn	
Augusta Fire Dept.	Augusta	
Bethel Ambulance and Rescue Service	Bethel	
Buckfield Rescue Inc.	Buckfield	
Chesterville Fire & EMS	Chesterville	
Clinton Fire Dept.	Clinton	
Delta Ambulance	Waterville	
Farmington EMS	Farmington	
Gardiner Fire & Rescue	Gardiner	
Greene Rescue	Greene	
Jefferson Fire & Rescue	Jefferson	
New Sharon Fire and Rescue	New Sharon	
Northern Oxford Regional Ambulance Service	Mexico	
Rumford Fire Department	Rumford	
Sidney Rescue	Sidney	
Stoneham Rescue Service	Stoneham	
Town of Dresden EMA	Dresden	
United Ambulance Service	Lewiston	
Wilsons Mills First Responders	Wilsons Mills	
Winthrop Ambulance	Winthrop	
Federally Qualifie	ed Health Centers	
DFD Russell Medical Center	Leeds	
HealthReach Community Health Centers	Waterville	
HealthReach HomeCare and Hospice	Waterville	
Home Healt	h Agencies	
Androscoggin Home Care and Hospice	Lewiston	
Gentiva Health Services	Farmington	
Hosp	pitals	
Bridgton Hospital	Bridgton	
Central Maine Medical Center	Lewiston	
Franklin Memorial Hospital	Farmington	
Inland Hospital	Waterville	
MaineGeneral Medical Center	Augusta	
Rumford Hospital	Rumford	
St. Marys Regional Medical Center	Lewiston	
Stephens Memorial Hospital	Norway	
Long Term Care Centers		
Country Manor Nursing Home	Coopers Mills	
Edgewood Rehab & Living Center	Farmington	
Maine Veterans Home - Augusta	Augusta	
Maine Veterans Home - South Paris	South Paris	
Market Square Health Care Center	South Paris	
Marshwood Center for Healthcare & Rehabilitation	Lewiston	
Montello Manor	Lewiston	
Mount St. Joseph	Waterville	
Oak Grove Rehab. & Living Center	Waterville	
Orchard Park Rehab & Living Center	Farmington	
Robinsons Health Care	Gardiner	
Rumford Community Home	Rumford	
Russell Park Rehabilitation & Living Center	Lewiston	
Sandy River Nursing Care	Farmington	
St. Marquerite dYouville Pavilion	Lewiston	
Victorian Villa Rehab & Living Center	Canton	

Appendix A. List of Farticipating Agencies, by Region, by Group, Maine, 2004 (Cont)		
Morticians		
Bragdon - Finley Funeral Home	Monmouth	
Finley Funeral Home	Livermore Falls	
Gallant Funeral Home	Waterville	
Staples Funeral Service	Gardiner	
Wheeler Funeral Home	Oakland	
Psychiatric Psychiatric	c Hospitals	
Riverview Psychiatric Hospital (formerly Augusta		
Mental Health Institute)	Augusta	
Wheeler Funeral Home	Oakland	
	armacies	
Elm City Pharmacy	Waterville	
School	Nurses	
Auburn School Department	Auburn	
Durham Elementary	Durham	
Erskine Academy- Private	South China	
MSAD #11	Gardiner	
Oak HIII High School	Wales	
Sad#58	Kingfield	
Substance Abuse Treatment Agencies		
Catholic Charities Maine St. Francis House	Auburn	
Facing Change PA	Lewiston	
Your Choice, Inc.	Hallowell	
<u>Veterinarians</u>		
Animal Hospital of Waterville	Waterville	
Auburn Animal Hospital	Auburn	
Bethel Animal Hospital	Bethel	
Cat Hospital	Manchester	
Lewiston Veterinary Hospital, Inc	Lewiston	
Lisbon Rd. Animal Hospital	Lewiston	
Mechanic Falls Veterinary Hospital	Mechanic Falls	
Norway Veterinary Hospital	Norway	
Winthrop Veterinary Hospital	Winthrop	

Appendix A. List of Participating Agencies, by Region, by Group, Maine, 2004 (Cont)		
Eastern Region		
	ural Health Centers	
Acadia Family Health Center	Madawaska	
Alison E Faulkingham MD	Rockport	
Belfast Pediatrics	Belfast	
Belfast Public Health	Belfast	
Beth Koester MD Family Medicine	Camden	
Boreas Family Medicine	Lincoln	
Carl F. Alessi, MD Family Practice	Lincoln	
Coastal Kids Pediatrics	Belfast	
Dana Goldsmith, MD	Rockport	
David L Hall MD	Rockport	
East Bank Health Care	Brewer	
Eric Nicholas, MD	Mars Hill	
Faith Family Health Care	Baileyville	
Independent Medical Associates	Bangor	
Jackman Region Health Center	Jackman	
John F Gaddis, DO	East Machias	
Lincolnville Reg. Health Center	Lincolnville	
Milliken Medical Center	Island Falls	
Mount Desert Island Hosptial/MDI Health Centers	Bar Harbor	
Nobel Clinic	Lincoln	
Northern Maine Primary Care	East Millinocket	
Northwoods General Practice	Island Falls	
Norumbega – Bangor	Bangor	
Norumbega – Brewer	Brewer	
Pen Bay Pediatrics	Rockport	
Penobscot Community Health Center	Bangor	
Penobscot Pediatrics, PA	Bangor	
Pines Health Center	Caribou	
Seaport Family Practice	Searsport	
Skowhegan Family Medicine	Skowhegan	
Susan McKinley, MD	Rockport	
Union River Medicine	Ellsworth	
White Birch Medical Center	Millinocket	
William Chan, MD	Van Buren	
Community Mental Health Agencies		
Alternate Choices Counceling Services, Inc.	Rockland	
Mid-Coast Mental Health Center	Rockland	
Northeast Occupational Exchange	Bangor	
OHI	Hermon	
Project Atrium, Inc.	Bangor	
Protea Behavioral Health Services	Bangor	
Sunrise Opportunities	Machias	
Youth & Family Services	Skowhegan	

Appendix A. List of Participating Agencies, by Region, by Group, Maine, 2004 (Cont)		
EN	MS	
Aroostook Region EMS Council Inc.	Caribou	
Ashland Ambulance Service	Ashland	
Baileyville Ambulance Corp.	Baileyville	
Bangor Fire Department	Bangor	
Canaan Municipal Fire & Rescue Dept.	Canaan	
Caribou Fire and Ambulance	Caribou	
Charlotte Volunteer Fire Department	Charlotte	
Cherryfield Ambulance Service	Cherryfield	
Crown Ambulance	Presque Isle	
Cushing Rescue Squad	Cushing	
Downeast EMS	Calais	
Eddington Fire Dept.	Eddington	
Harmony Regional Ambulance Service	Harmony	
Holden Department of Public Safety	Holden	
Isleboro EMS	Islesboro	
Madasaska EMA	Madawaska	
Memorial Ambulance Corps	Deer Isle	
Mid-Cosat EMS Council, Inc.	Union	
Milford Fire/Rescue Dept.	Milford	
Moosabec Ambulance Service	Jonesport	
North Haven EMS	North Haven	
Northeast Harbor Ambulance Service, Inc.	Northeast Harbor	
Patten Ambulance Services	Patten	
Petit Manan Ambulance	Milbridge	
Rockwood Fire & Rescue	Rockwood	
Sipayik Ambulance Service	Perry	
Stockton Springs Ambulance Service	Stockton Springs	
Union Ambulance Service	Union	
University of Maine / Cutler Health Center	Orono Dingham	
Upper Kennebec Ambulance Service Veazie Fire Dept.	Bingham Veazie	
Waldoboro EMS Waldoboro Federally Qualified Health Agencies		
Bucksport Region Health Center	Bucksport	
Fish River Rural Health	Eagle Lake	
Islands Community Medical Services, Inc.	Vinalhaven	
Katahdin Valley Health Center	Patten	
Sebasticook Family Doctors	Detroit	
St. Croix Regional Family Health Center	Princeton	
The Regional Medical Center at Lubec	Lubec	
Home Health Agencies		
Calais Regional Hospital Home Health	Calais	
Community Health and Counseling Services	Bangor	
Gentiva Health Services	Bangor	
Kno-Wal-Lin Home Care & Hospice	Rockland	
Northeast Health/Penobscot Bay Medical Center	Rockport	
Professional Home Nursing, Inc.	Caribou	

Appendix A. List of Participating Agencies, by Region, by Group, Maine, 2004 (Cont)		
Hospitals		
Blue Hill Memorial Hospital	Blue Hill	
Calais Hospital	Calais	
Cary Medical Center	Caribou	
Charles A. Dean Memorial Hospital	Greenville	
Down East Community Hospital	Machias	
Eastern Maine Medical Center	Bangor	
Houlton Regional Hospital	Houlton	
Maine Coast Memorial Hospital	Ellsworth	
Mayo Regional Hospital	Dover-Foxcroft	
Millinocket Regional Hospital	Millinocket	
Mount Desert Island Hospital	Bar Harbor	
Northern Maine Medical Center	Fort Kent	
Penobscot Bay Medical Center	Rockport	
Penobscot Valley Hospital	Lincoln	
Redington-Fairview General Hospital	Skowhegan	
Sebasticook Valley Hospital	Pittsfield	
St. Joseph Healthcare	Bangor	
The Aroostook Medical Center	Presque Isle	
Waldo County General Hospital	Belfast	
Long Term Care Centers		
Atlantic Rehabilitation & Nursing Center	Calais	
Caribou Nursing Home	Caribou	
Cedar Ridge Ctr for Health Care & Rehabilitation	Skowhegan	
Courtland Rehab. & Lving Ctr.	Ellsworth	
Cummings Health Care Facility, Inc.	Howland	
Hibbard Nursing Home, Inc.	Dover-Foxcroft	
High View Manor	Madawaska	
Knox Center for Long Term Care	Rockland	
Maine Veterans Home - Bangor	Bangor	
Maine Veterans Home - Caribou	Caribou	
Marshall Healthcare & Rehab Ctr.	Machias	
Mercy Home	Eagle Lake	
Mountain Heights ACF	Patten	
Narraguagus Bay Health Care Facility	Milbridge	
Oceanview Nursing and Residential Care	Lubec	
Orono Commons	Orono	
Presque Isle Nursing Home	Presque Isle	
Sanfield, Rehabilitation and Living Center	Hartland	
Sonogee Rehabilitation & Living Ctr	Bar Harbor	
St. Joseph Nursing Home	Frenchville	
Sunrise Care Facility	Jonesport	
Windward Gardens	Camden	
Woodlawn Rehab	Skowhegan	

Appendix A. List of Participating Agencies, by Region, by Group, Maine, 2004 (Cont)		
Morticians		
Bowers Funeral Home	Houlton	
Brookings-Smith Funeral Home	Bangor	
Burpee, Carpenter, Hutchins Funeral Home, Inc.	Rockland	
Clay Funeral Home	Lincoln	
Crabiel-Riposta Funeral Home	Belfast	
Duncan-Graves Funeral Homes	Presque Isle	
Foley Funeral Service	Bangor	
Hampden-Gilpatrck Funeral Home	Hampden	
Kiley Funeral Home, Inc.	Brewer	
McClure Family Funeral Services	Lubec	
Mockler Funeral Home Inc	Caribou	
R.L. Bouchard Funeral Home	Millinocket	
Psychiatric		
Bangor Mental Health Institute	Bangor	
Retail Ph		
Community Pharmacy	Dexter	
School		
Caribou School Department	Caribou	
Central Aroostook Jr Sr. High	Mars Hill	
Glenburn School	Glenburn	
Maine School of Science and Mathematics	Limestone	
Mount Desert Island High School, Mt. Desert Elem	Mount Desert	
MSAD #25	Stacyville	
MSAD #56	Searsport	
UMM Health Center	Machias	
Substance Abuse Treatment Agencies		
Free To Be Me Counseling Services, P.A.	Rockland	
Mayo Regional Hospital Counseling Program	Dover-Foxcroft	
Pleasant Point Health Center	Perry	
Searsport Counseling Assoc.	Belfast	
Veterinarians		
Acadia Veterinary Hospital	Bar Harbor	
Belfast Veterinary Hospital	Belfast	
Brewer Veterinary Clinic	Brewer	
Dexter Veterinary Clinic	Dexter	
Lakeview Veterinary Hospital	Rockland	
Maine Coast Veterinary Hospital	Blue Hill	
Medomak Veterinary Services	Waldoboro	
North Country Animal Hospital	Caribou	
Ridge Runner Veterianary Services	Winterport	
Veazie Veterinary Clinic	Veazie	

Appendix A. List of Participating Agencies, by Region, by Group, Maine, 2004 (Cont)		
Southern Region		
Ambulatory Care/Rural Health Centers		
Adele L. Carroll, D.O.	Limerick	
Andrew J Candelore DO	Scarborough	
Bath Iron Works - Health Center	Bath	
Biddeford Free Clinic	Biddeford	
Bowdoin Medical Group	Biddeford	
Carl J. Schuler, DO	Windham	
David M. Johnson D.O.	Yarmouth	
Family Practice Center	Falmouth	
Goodall Health Partners	Waterboro	
Greater Portland Pediatrics Assoc./Practice Par	South Portland	
Harbourside Family Practice	Yarmouth	
Heidi M Larson MD Family Practice	Portland	
Intermed - Stroudwater	Portland	
Jeffrey E. Martin, M.D.	Windham	
Kittery Family Practice	Kittery	
Martins Point Healthcare - Windham	Windham	
Martins Point Healthcare-Portland	Portland	
Massabesic Regional Medical Center	Waterboro	
Mercy Primary Care Center	Portland	
Mid-Coast Pediatrics	Brunswick	
Miles Health Care	Damariscotta	
Nancy J Oliphant, MD	Boothbay Harbor	
Newton Center	Sanford	
Portland West Family Practice	Westbrook	
St. Andrews Hospital and Healthcare Center	Boothbay Harbor	
Wells Family Practice	Wells	
Wiscasset Family Medicine	Wiscasset	
Ambulatory Surgical Centers		
Casco Bay Gastro Enterology & Endoscopy Center	South Portland	
Eyecare Medical Group	Portland	
Maine Cataract & Refractive Surgery Ctr.	Westbrook	
Maine Eye Center	Portland	
Plastic and Hand Surgical Association	South Portland	
College Health Centers		
Bowdoin College Health Center	Brunswick	
Southern Maine Community College	South Portland	
St. Joseph College of Maine	Standish	
USM - University Health Services	Portland	
Community Mental Health Agencies		
Catholic Charities of Maine	Portland	
Ingraham	Portland	
Maine Center for Deafness	Portland	
Mercy Recovery Center	Westbrook	
Shalom House, Inc.	Portland	
Sweetser	Saco	
Volunteers of America, Northern New England	Brunswick	
Woodsford Family Services	Portland	

Appendix A. List of Participating Agencies, by Region, by Group, Maine, 2004 (Cont)		
EMS		
Alfred Rescue	Alfred	
Alna First Responder	Alna	
Arundel Fire Rescue	Arundel	
Biddeford Fire Department	Biddeford	
Bristol Fire & Rescue	Bristol	
Central Lincoln County Amb. Serv. Dept.	Damariscotta	
Cundys Harbor Fire Dept.	Harpswell	
Gorham Fire Dept.	Gorham	
Harpsell Neck Fire/Rescue	Harpswell	
Limerick Fire/EMS Dept.	Limerick	
Long Island Fire & Rescue	Long Island	
Newfield Rescue Squad	Newfield	
Saco Fire Department	Saco	
Scarborough Downs Race Track	Scarborough	
Scarborough Fire Department	Scarborough	
South Portland Fire Department	South Portland	
Southern Maine Community College	South Portland	
Waterboro Fire Dept.	Waterboro	
Westbrook Fire & Rescue Department	Westbrook	
Windham Fire-Rescue	Windham	
York Beach Fire Department	York	
Federally Qualified Health Centers		
Portland Public Health Portland		
Home Healt		
Atlantic Home Health	Brunswick	
HomeHealth Visiting Nurses of Southern Maine	Portland	
Miles Home Health & Hospice	Damariscotta	
VNA Home Health Care	South Portland	
Hospitals (Including		
H.D. Goodall Hospital	Sanford	
Maine Medical Center	Portland	
Mercy Hospital	Portland	
Mid Coast Hospital	Brunswick	
Miles Menorial Hospital	Damariscotta	
NorDx Laboratories	Scarborough	
Parkview Adventist Medical Center	Brunswick	
Southern Maine Medical Center	Biddeford	
St. Andrews Hospital	Boothbay Harbor	
York Hospital	York	

Appendix A. List of Participating Agencies, by Region, by Group, Maine, 2004 (Cont)		
Long Term Care Centers		
Amenity Manor/Rousseau Enterprises, Inc.	Topsham	
Barron Center, Health and Human Services Dept	Portland	
Coastal Manor	Yarmouth	
Evergreen Manor	Saco	
Harbor Home	York	
Haven Health Center of Cape Elizabeth	Cape Elizabeth	
Hawthorne House	Freeport	
Ledgewood Manor	Windham	
Maine Veterans Home - Scarborough	Scarborough	
Pine Point Health Care & Rehabilitation	Scarborough	
Seaside Rehabilitation & Health Care Center	Portland	
Sedgewood Commons	Falmouth	
South Portland Nursing Home	South Portland	
Varney Crossing Nursing Care Center	North Berwick	
Morti		
David E. Desmond Funeral Service	Bath	
Hobbs Funeral Home	South Portland	
McIntire-McCooey Funeral Home	South Berwick	
Old Orchard Beach Funeral Home Inc	Old Orchard Beach	
Psychiatric Hospitals		
Spring Harbor Hospital Westbrook		
	armacies	
Brooks Pharmacy #480	Kittery	
Eliot Drug Company	Eliot	
Hannaford Bros. Co Pharmacy	Scarborough	
Kindred Pharmacy Services	Portland	
South Berwick Pharmacy	South Berwick	
Wal-Mart Pharmacy	Brunswick	
School Nurses		
Coastal Ridge Elementary	York	
Governor Baxter School for the Deaf	Falmouth	
Ossipee Valley Christian School	Cornish	
University of New England Clinic	Portland	
Wells High School Wells		
Substance Abuse Treatment Agencies		
Correctional Recovery Academy	Windham	
Crossroads For Women, Inc.	Portland	
Food Addiction/Chemical Dependency Cons. LLC	South Portland	
Milestone Foundation	Old Orchard Beach	

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Veterinarians		
Animal Medical Assoc.	Saco	
Cape Veterinary Clinic	South Portland	
Cumberland Animal Clinic	Cumberland	
Damariscotta Veterinary Clinic	Damariscotta	
Downeast Vet Emergency Services	Portland	
Edgewood Animal Hospital	Gorham	
Falmouth Vet Hospital, LLC.	Falmouth	
Forest Ave. Vet Hospital	Portland	
Gray New Gloucester Animal Hospital	Gray	
Jordan Bay Animal Hospital	Raymond	
Limerick Mills Animal Hospital	Limerick	
Sacopee Veterinary Clinic	Cornish	
Scarborough Animal Hospital	Scarborough	
Stoneledge Animal Hospital	Westbrook	
Veterinary Clinic	Brunswick	
Wells Veterinary Hospital, PA	Wells	